

DES / DDD Qualified Vendor and Directory System (QVADS)

QVADS USER MANUAL

Q ualified
V endor
A pplication and
D irectory Process
S ystem

User's Manual



LOGIN:

PASSWORD:

DES / DDD Qualified Vendor and Directory System

QVADS USER MANUAL

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INTRODUCTION

You have decided you want to do business with the State of Arizona, Department Of Economic Security, Division of Developmental Disabilities (DES/DDD) and you want to apply to provide services to individuals with developmental disabilities. You will be looking at information that explains the coordination and efforts of DES/DDD, Arizona Health Care Cost Containment System (AHCCCS), The Office of Licensure, Certification, and Regulation (OLCR), and other governmental and regulatory bodies.

The **Qualified Vendor and Directory System (QVADS)** is the **open and continuous** vendor application and agreement maintenance process. You will be answering questions and supplying information in the **QVADS** system that will make-up your application. **In order to complete the application process, Applicants for Qualified Vendor Agreements must use the QVADS to enter information for submittal to the Division's web site as well as to generate the hardcopy application that must be signed and sent (with supporting documentation) to the Division.**

The **completed agreement** will consist of the following three key elements and it is important that applicants know and understand ALL of the following:

- **A completed on-line application.**
- **All nine Sections of the Request for Qualified Vendor Application (RFQVA).**
- **All responses provided by the Applicant Vendor.**
- **All additional hardcopy materials as per the Submittal Checklist such as:**
 - **Financial Information**
 - **[Arizona Substitute W-9 Form](#)**



NOTE: All hardcopy materials are to be mailed to: **DES/DDD – Contracts Unit 791A**
P. O. Box 6123
1789 W. Jefferson
Phoenix, AZ 85007-6123

Purpose

This manual will provide the NEW and EXISTING SERVICE PROVIDER the basic step-by-step review and data entry instructions necessary to complete the application and/or application amendment process for specific services. The division website has extensive information for you to read.

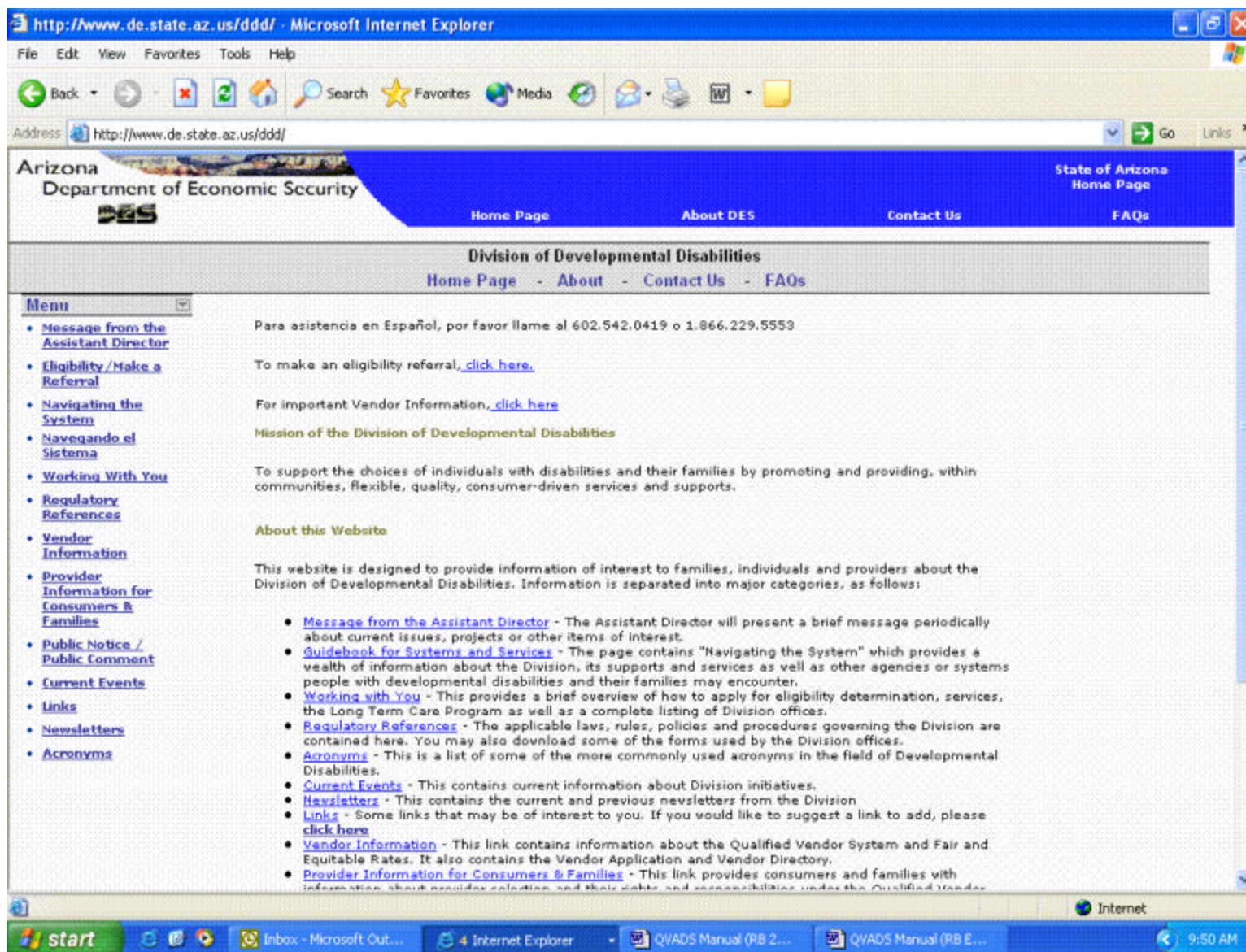
It is strongly suggested that you read and understand certain materials BEFORE you begin the application process. Some of it is labeled for families and consumers but all of the information is available to anyone and may enlighten you on topics of which you were unaware.

Accessing the DES/DDD Website

Enter the following information into your web browser's Address area:

- **<http://www.de.state.az.us/ddd/>**
- You will be taken to the DES/DDD Home Page (**Refer to Figure Intro 1**). The appearance of this page will change periodically.

Figure Intro 1
A typical DDD
Home Page.
The appearance
of this page will
change
periodically.



Materials Review



Note: You will need ADOBE ACROBAT READER in order to view and print these files. Acrobat reader is a free downloadable program available at www.adobe.com.

In the Menu on the left-hand side of the page, click on “**Vendor Information**”. You will be taken to a page entitled **AZ Division of Developmental Disabilities Qualified Vendor Application & Directory** (Refer to Figure Intro 2).

Figure Intro 2
A typical AZ Division of Developmental Disabilities Qualified Vendor Application & Directory Page. The appearance of this page will change periodically.



Click on the link entitled “**For general information about the Qualified Vendor System, click here.**”

This will open a new screen entitled Qualified Vendor System and Fair and Equitable Rates (Refer to Figure Intro 3).

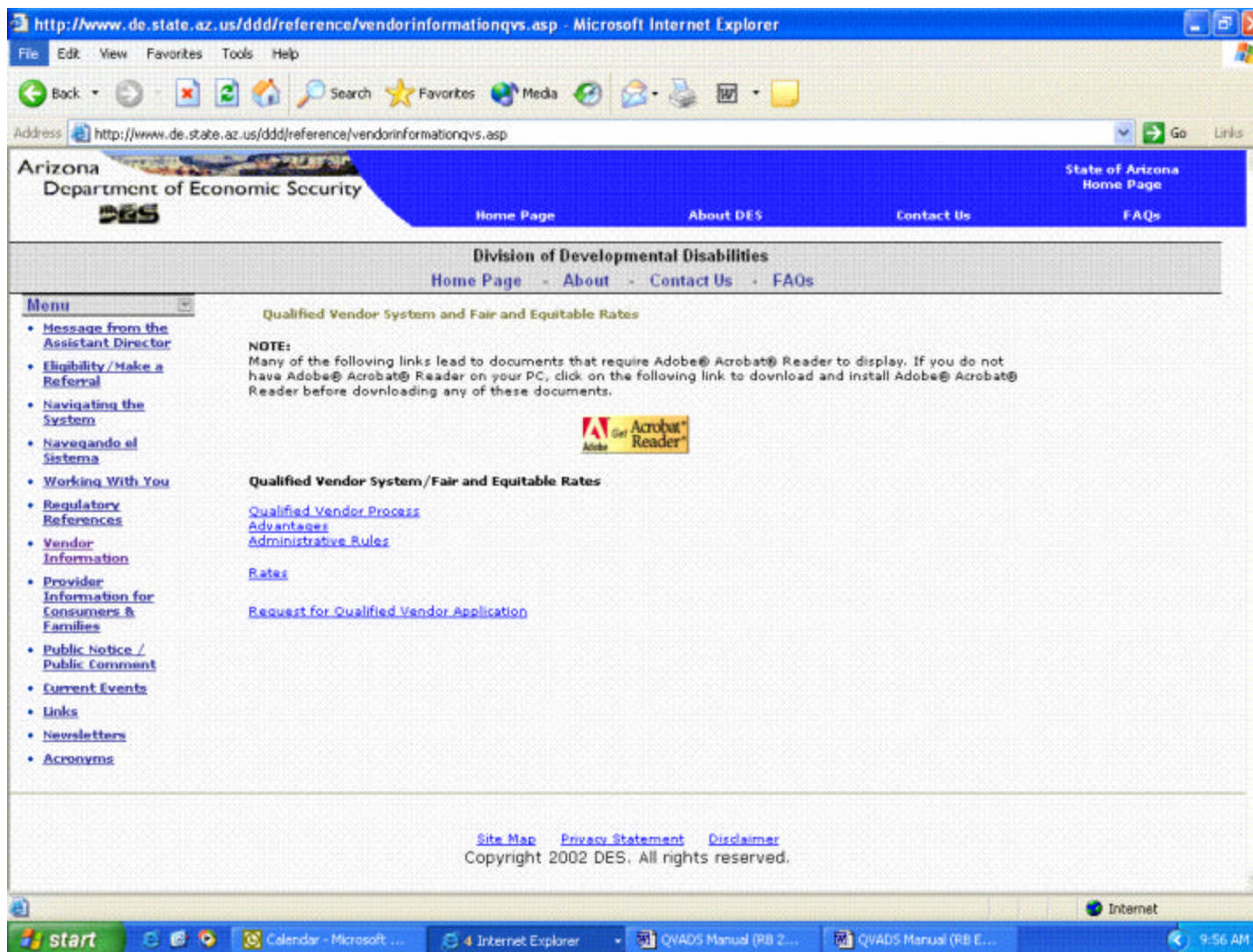


Figure Intro 3
A typical
Qualified Vendor
System and Fair
and Equitable
Rates Page.
The appearance
of this page will
change
periodically.

On the **Qualified Vendor System and Fair and Equitable Rates** page review the following links and content provided to understand the purpose, advantages, rules and rate structure associated with the DES/DDD Qualified Vendor Process:

- **[Qualified Vendor Process](#)**

This page presents a simple flowchart depicting the basic flow from the Qualified Vendor Application process through to a satisfied Consumer. **(Adobe . pdf file)**

- **[Advantages](#)**

This page lists all basic advantages provided by the Qualified Vendor Application process for Providers, for the State of Arizona and for Families and People with Disabilities. **(WORD .doc file)**

- **[Administrative Rules](#)**

This page lists the rule that has been initiated to provide the regulatory framework for implementation of a procurement process that will support the statewide purchase of services for individuals with developmental disabilities, as defined at A.R.S. § 36-557, and for the establishment of a rate setting process as defined in A.R.S. § 36-2959. The Department is exempt from the rulemaking process according to Laws 2002, Chapter 329, Section 35. **(WORD .doc file)**

Administrative Rules include the following major components:

1. The development of a Qualified Vendor application process.
2. Creation of a list of Qualified Vendors.
3. Establishing, reviewing and updating reimbursement rates.
4. Purchasing of community developmental disability services from provider organizations.
6. Reimbursement of Qualified Vendors based on published rates or negotiated rates.
7. Issuing authorizations to Qualified Vendors.
8. Establishment of a process for the consumer or the consumer's representative to select a provider.
9. Maintaining an open and continuous process of accepting applications to become a Qualified Vendor.
10. Legal and contractual remedies related to this procurement process.

- **[Rates](#)**

This page presents both historic and current rates available for the various services provided under the DES/DDD Qualified Vendor Process.

- [Request for Qualified Vendor Application](#)

Click on the link entitled “**Request for Qualified Vendor Application**. This will open a list of all available “Requests for Qualified Vendor Applications.” You will see the following listing (services listed below for your convenience):



NOTE: Services and new Requests for Qualified Vendor Applications may be added periodically.

[Request for Qualified Vendor Application RFQVA DDD-704011](#)

Home-Based Services

- ☐ Attendant Care
- ☐ Habilitation, Community Protection and Treatment Hourly
- ☐ Habilitation, Support
- ☐ Housekeeping
- ☐ Respite

Day Treatment and Training Services

- ☐ Day Treatment and Training, Adult
- ☐ Day Treatment and Training, Child (After-School)
- ☐ Day Treatment and Training, Child (Summer)

Developmental Home Services

- ☐ Habilitation, Vendor Supported Developmental Home (Child and Adult)
- ☐ Room and Board, Vendor Supported Developmental Home (Child and Adult)

Independent Living Services

- ☐ Habilitation, Individually Designed Living Arrangement

Group Home Services

- ☐ Habilitation, Community Protection and Treatment Group Home
- ☐ Habilitation, Group Home
- ☐ Habilitation, Nursing Supported Group Home
- ☐ Room and Board, All Group Homes

Professional Services

- ☐ Home Health Aide
- ☐ Nursing
- ☐ Occupational Therapy
- ☐ Occupational Therapy Early Intervention
- ☐ Physical Therapy
- ☐ Physical Therapy Early Intervention
- ☐ Speech Therapy
- ☐ Speech Therapy Early Intervention

Other Services

- ☐ Transportation

[Request for Qualified Vendor Application RFQVA DDD-704012, Specialized Habilitation, Music](#)

Specialized Habilitation, Music

[Request for Qualified Vendor Application RFQVA DDD-704014, Support Coordination \(Case Mgmt\)](#)

Support Coordination (Case Mgmt)

Clicking on the desired Request for Qualified Vendor Application Number will display the following options:

1. [Current](#) – This is the current version of the agreement. All modifications are included in this version.
2. [History](#) – This will display historical contract versions since the first version.

Clicking on any of the two links above will bring up additional links in the same window.
The various sections of the particular RFQVA are as follows:

- [Amendment for the particular agreement](#)
- [Submittal Checklist](#)
- [Section 1 - Notice of Request for Qualified Vendor Applications](#)
- [Section 2 - Table of Contents](#)
- [Section 3 - General Instructions](#)
- [Section 4 - Background](#)
- [Section 5 - Service Requirements](#)
- [Section 6 –Standard Terms and Conditions](#)
- [Section 7 - Service Specifications](#)
- [Section 8 - Arizona Geographical Map](#)
- [Section 9A & 9B – Application and Agreement, Qualified Vendor Application and Directory](#)



NOTE: Section 9B will soon be eliminated and replaced with this stand alone manual.



NOTE: To prepare yourself for the actual application process, print and follow the provided SUBMITTAL CHECKLIST and REVIEW ALL SECTIONS listed under “CURRENT” *PRIOR TO* submitting an application. The individual sections are provided in MS Word and Adobe Acrobat file format. It is strongly recommended that you download these individual files onto your computer for ease of review.

SECTION 1. BEGIN APPLICATION

Once you have reviewed all of the necessary information as suggested above, you are now ready to start your application process. USE THE RFQVA TO GUIDE YOUR ENTRIES.



Helpful Hints:

- **Please have your Federal Employment ID # or Social Security Number.**
- **Please have a valid e-mail address.** See page 6 of this Section for Information on establishing an e-mail address.

Provider ID:

E-Mail address:



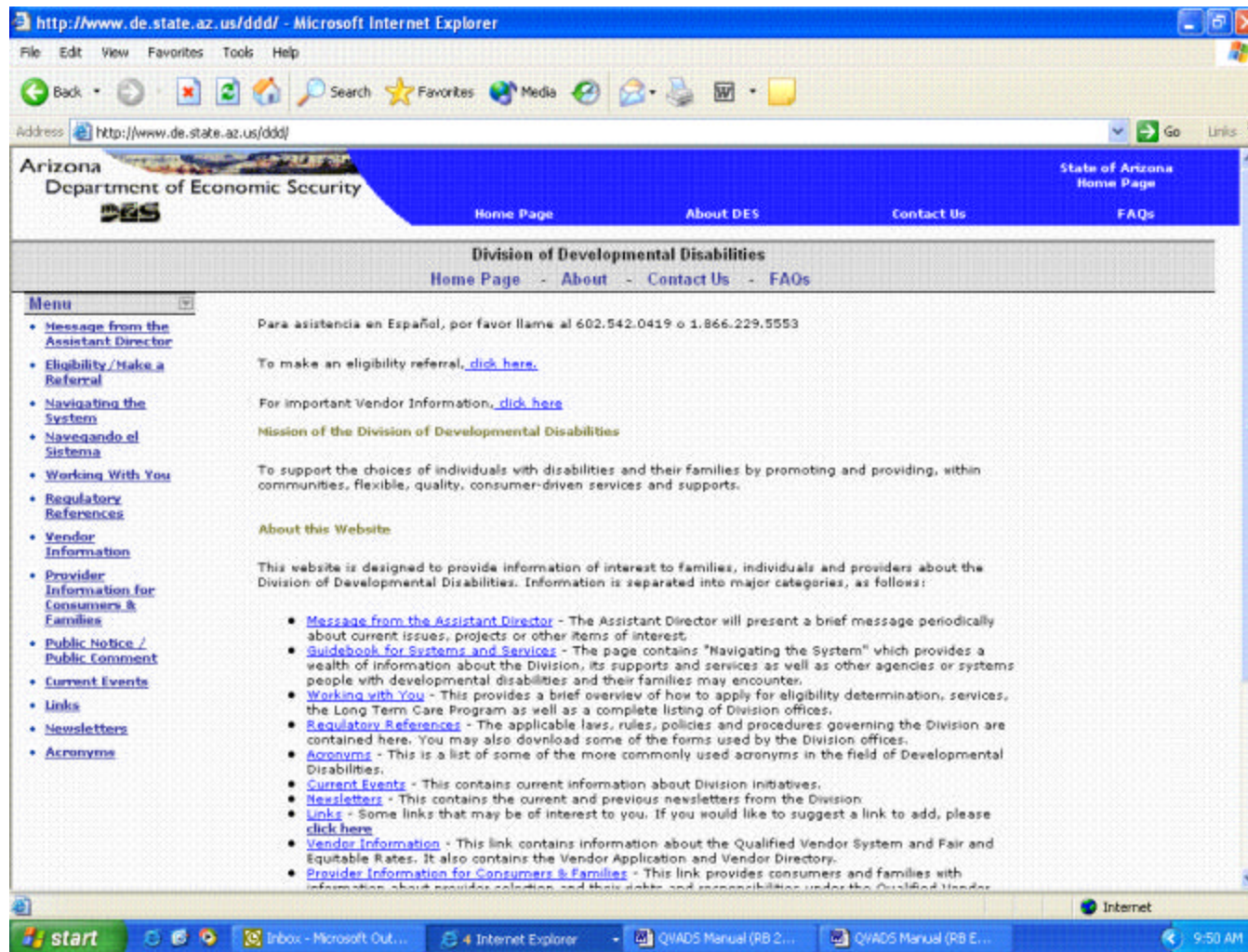
NOTE on POP-UP BLOCKERS: If your computer system has an active POP-UP Blocking Program, the QVADS program will not work. You must either 1) approve/OK our site in your program or 2) disable your Pop-Up Blocking Program.

Accessing the DES/DDD Website

Enter the following information into your web browser's Address area:

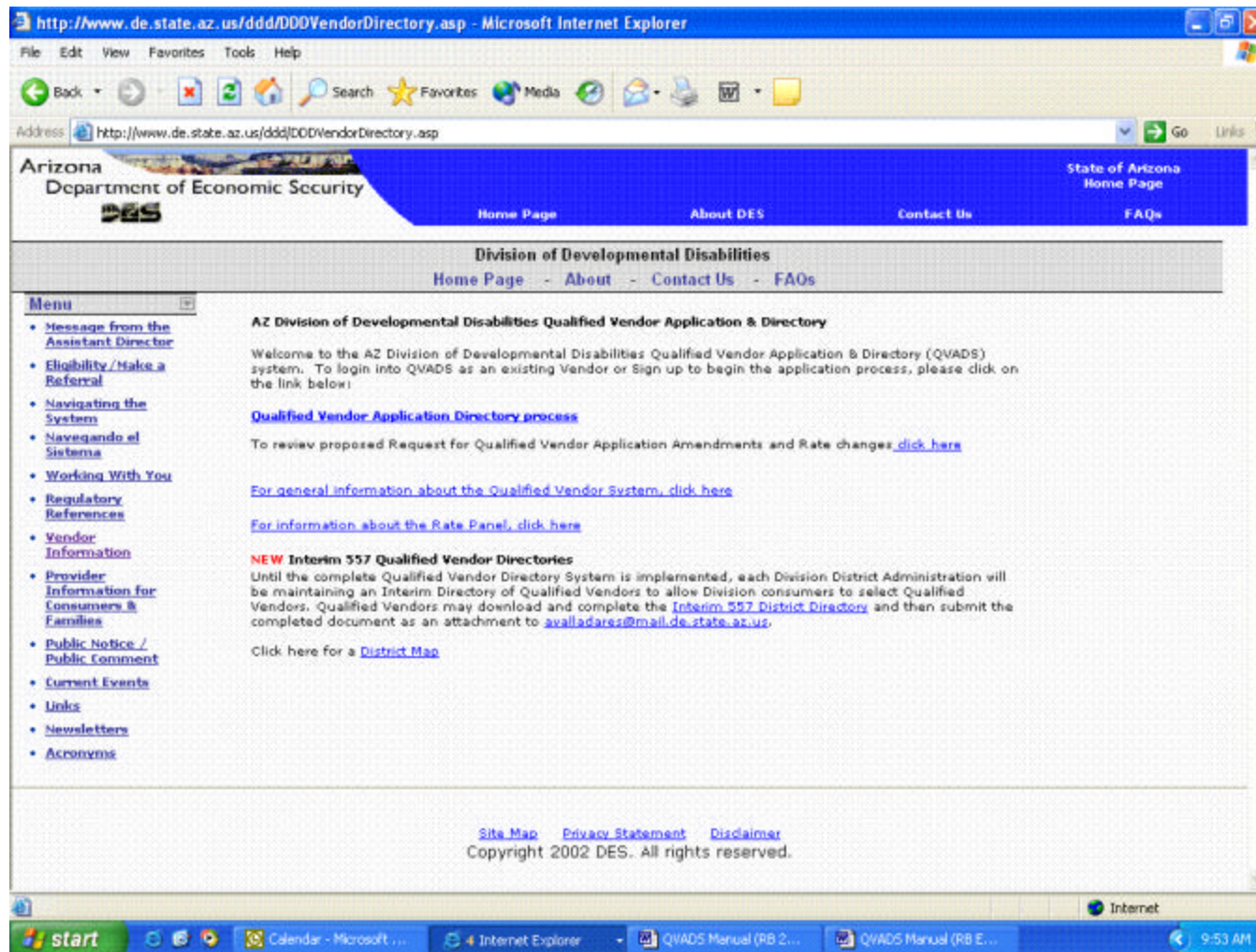
- <http://www.de.state.az.us/ddd/>
You will be taken to the **DES/DDD Home Page (Refer to Figure 1-1)**. The appearance of this page will change periodically.

Figure 1-1
A typical DDD
Home Page.
The appearance
of this page will
change
periodically.



In the **Menu** on the left-hand side of the page, click on the link entitled **“Vendor Information”**. You will be taken to a page entitled **AZ Division of Developmental Disabilities Qualified Vendor Application & Directory** (Refer to Figure 1-2).

Figure 1-2
A typical AZ
Division of
Developmental
Disabilities
Qualified Vendor
Application &
Directory Page.
The appearance
of this page will
change
periodically.



Click on the link entitled; “**Qualified Vendor Application Directory Process.**” This will start the actual program you will use to complete your on-line application. You will be taken to a page entitled **QVADS HOME PAGE (Refer to Figure 1-3).**

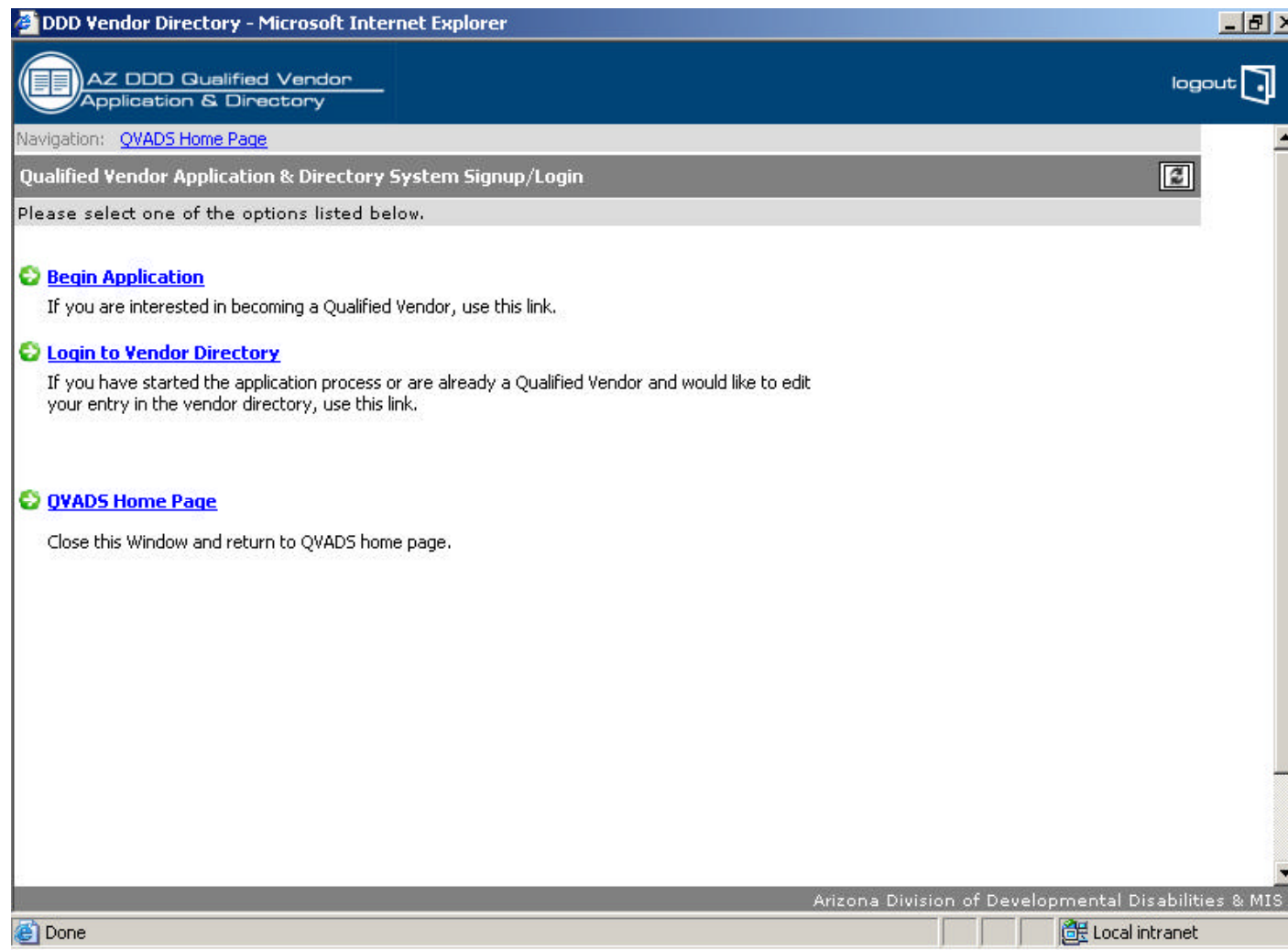


Figure 1-3
A typical QVADS
HOME PAGE.

To Begin a NEW Application

On the QVADS HOME PAGE click on the link entitled “**Begin Application**”.



(WARNING: Only do this if you DO NOT ALREADY have a qualified Vendor Agreement with the division). Once you have clicked on this link you will be taken to a screen entitled **Vendor Directory Email Verification (Refer to Figure 1-4)**



NOTE: We ask you to provide us with some basic contact information in order to do business. You are required to provide information in all of the blanks with an asterisk next to their heading.



NOTE: It is important for you to remember the information to access your application in the future. You are responsible for making this information secure. This information should only be provided to individuals who have the authority to alter your application.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [QVADS Home Page](#) | [Signup/Login page](#)

logout

Vendor Signup Page

Vendor Directory Email Verification

To begin the Qualified Vendor Signup process, an email verification check is required. You must fill out the information below and upon submittal you will receive an email instructing you of login procedures.

PLEASE NOTE: *After receiving your confirmation email, if you do not login within 60 minutes of submitting this information we will assume that the email address was invalid and you must begin the registration process again.*

* = Required Items

Email:*

Password:* (Password must be at least 6 characters)

Re-Enter Password:*

FEI# or SSN:* (Please omit dashes or other characters)

Contact First Name:*

Contact Last Name:*

Vendor Name:*

Contact Phone:* () -

SUBMIT

Arizona Division of Developmental Disabilities & MIS

Done Local intranet

Figure 1-4
A typical Vendor
Directory Email
Verification page.

On the **Vendor Directory Email Verification** page enter the following **(all required)**:

- **A valid email address.** If you don't have an email address already there are a number of free email services out there. Yahoo.com and Hotmail.com are two of them. There are many others. Choose one that suits your needs. There are services that provided limited, but FREE Internet access.
- **Password.** At least 6 characters in length and it is case sensitive.
- **Re-enter Password.**
- **Federal Employment Identification number** or your **personal Social Security Number.**
- **Vendor Name or your name.**
- **Contact Phone Number.**

Once you complete your entries and click the **“Submit”** button you will be sent a **confirming email** and will be taken to a **Vendor Directory Signup Confirmation** page **(Refer to Figure 1-5)**.

The **confirming e-mail** will contain a link.



NOTE: In order to activate your account **you must click on the link in the email and login to the QVADS system within 60 minutes.** Failure to do so could result in your information being determined as invalid and you will have to repeat the above steps.

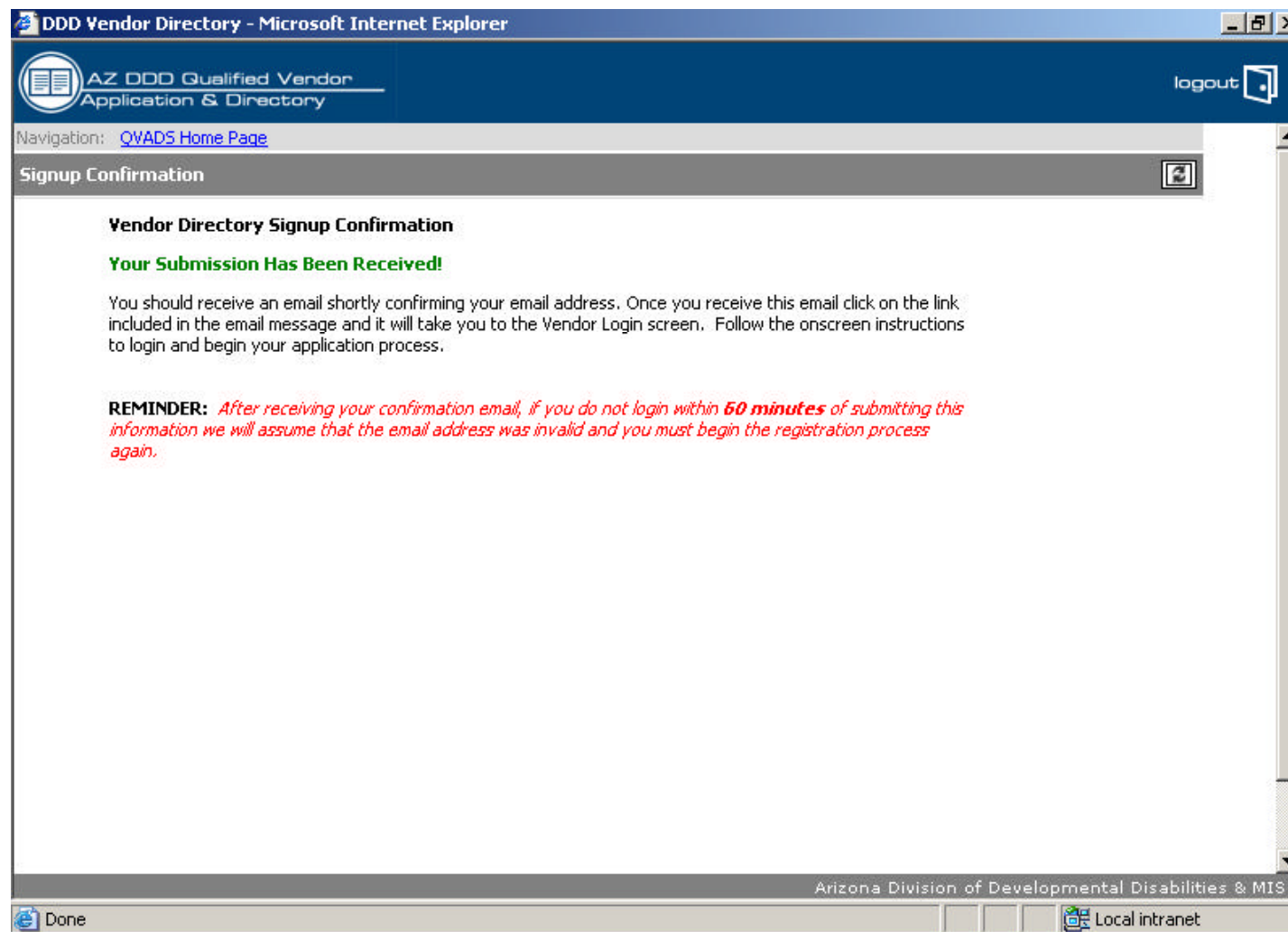


Figure 1-5
A typical Vendor
Directory Signup
Confirmation
page.

When you click on the link provided in your **confirming email** you will be taken to a screen entitled **Vendor Login Page** (Refer to Figure 1-6) where you will **type your email address** and **password** and click "**Login**".

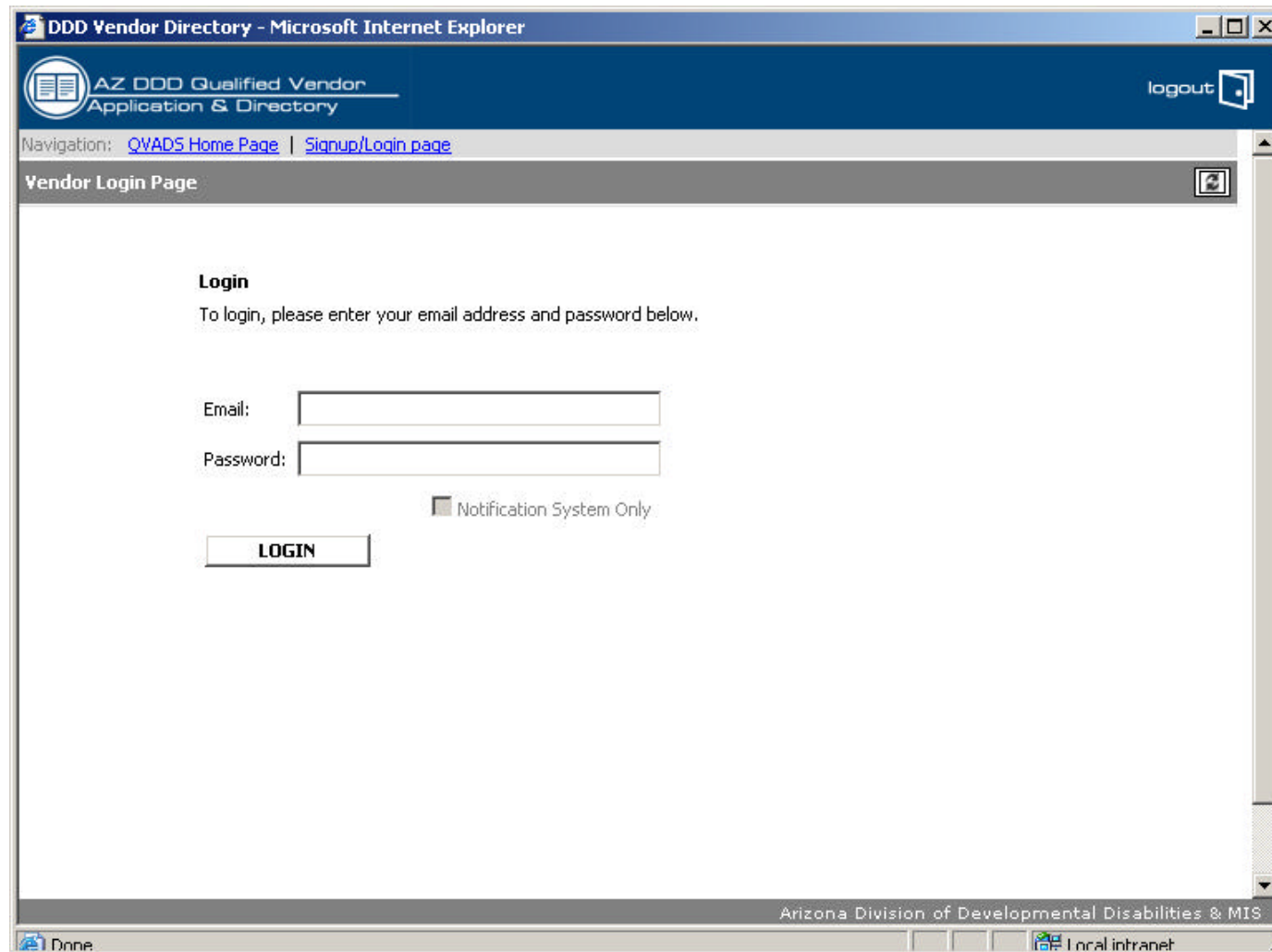


Figure 1-6
A typical Vendor
Directory Signup
Confirmation
page.

When you click “Login” you will then be taken to a screen entitled **Main Menu (Refer to Figure 1-7).**

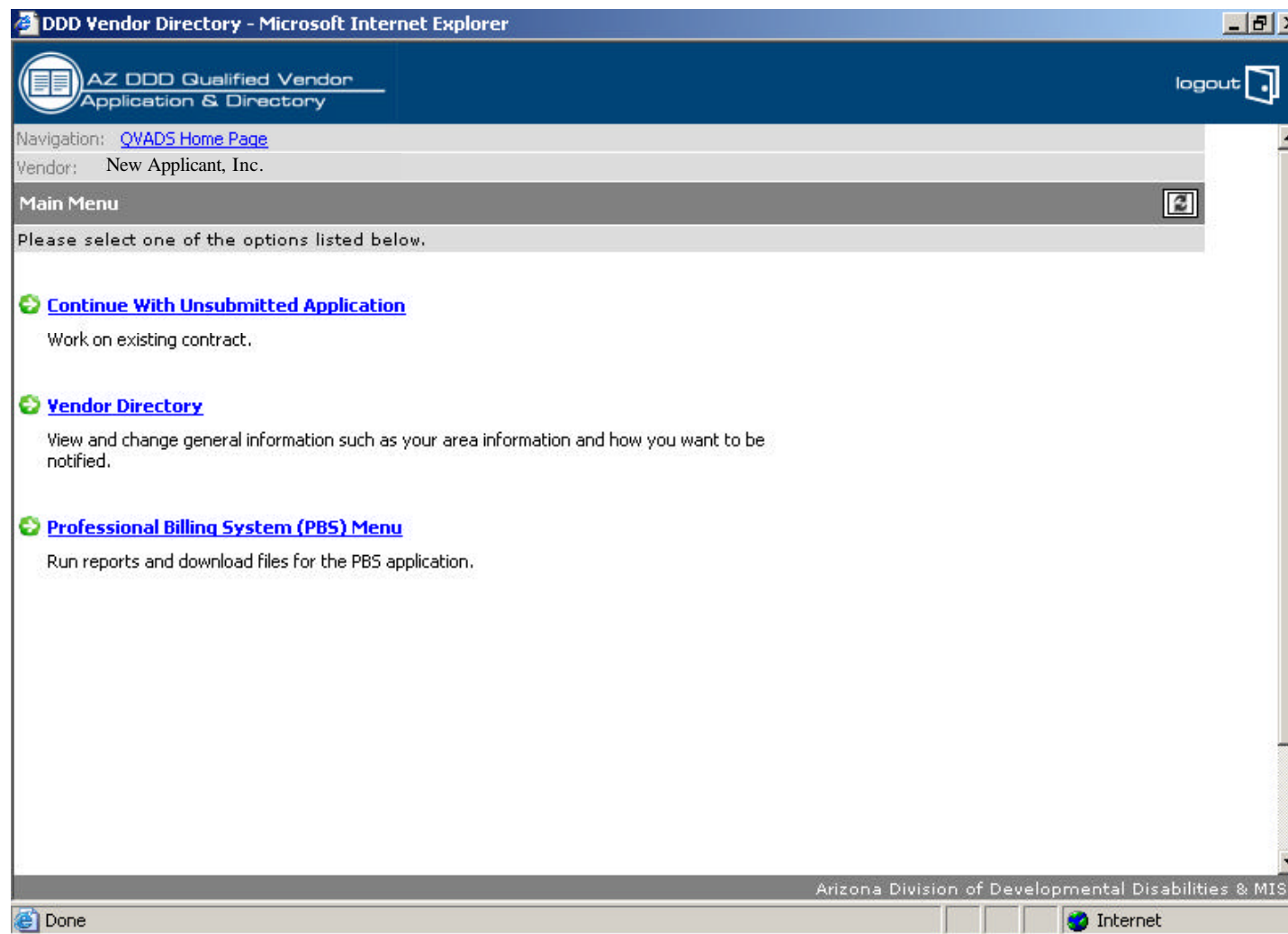


Figure 1-7
A typical MAIN
MENU page.

SECTION 2. CONTACT INFORMATION

This section will focus on the **basic information related to your agency, company or business**. (Note: do not click on the “Submit for Review” button until you have completed ALL data entry for ALL sections. However, we recommend that you press the ‘SAVE’ button periodically to save your work.)

At the **Main Menu** (Refer to Figure 2-1) click on the link entitled “Create A New Application”.

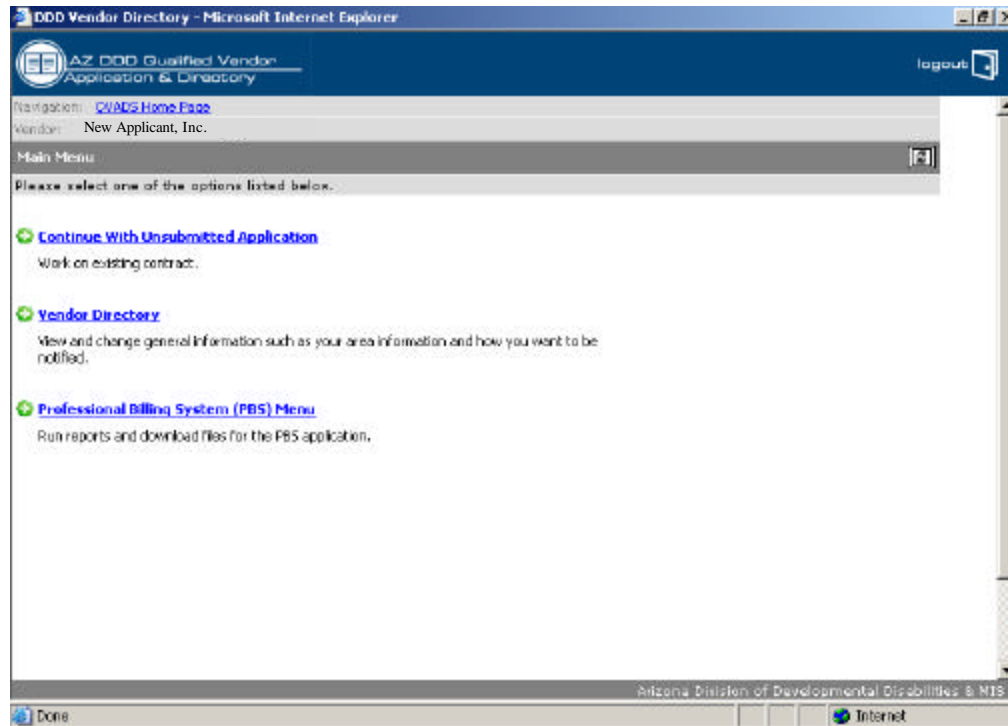


Figure 2-1
A typical MAIN
MENU page.

You will then be taken to a screen entitled **Qualified Vendor Application (Refer to Figure 2-2)** that contains the following five links:

1. **Contact Information:** Company phone numbers, mailing address, billing address etc.
2. **Policy Information:** General information about Recruitment & Training and the Quality Management plan
3. **Assurances and Submittals Form:** Mandatory survey that must be filled out to be considered for Qualified Vendor status.
4. **My Services:** View or edit Services my company offers.
5. **My Administrative and Service Sites:** View or edit Administrative Sites and Service Sites.

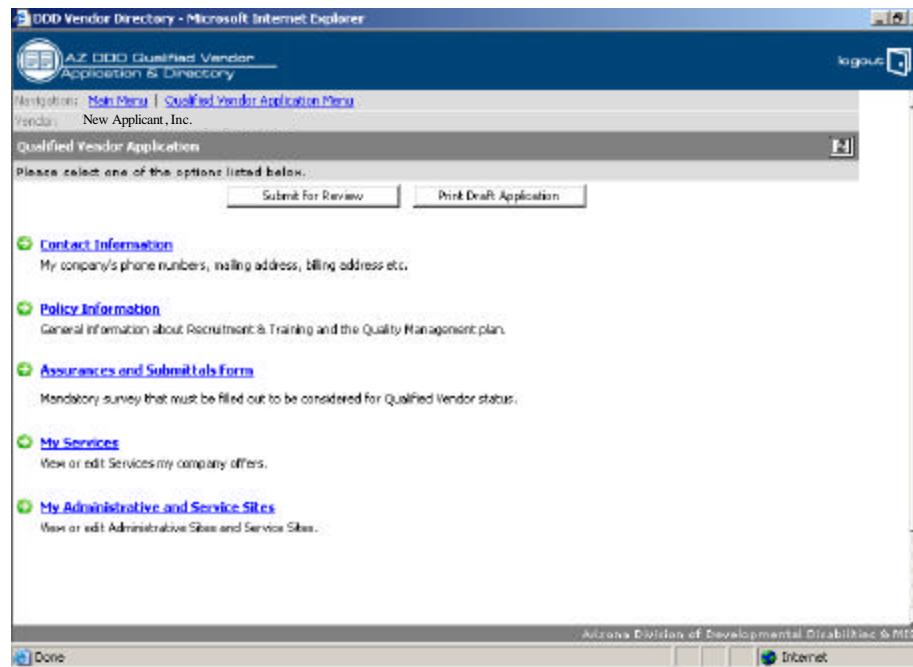


Figure 2-2
A typical **Qualified Vendor Application** page.

Click on the first link entitled "**Contact Information**".



NOTE: This information will be used by the Division to conduct day-to-day business. Please complete all fields. All areas with a **RED ASTERISK** are **REQUIRED ENTRIES**.

You will be taken to a page entitled **QV Application: Vendor Contact Information (Refer to Figure 2-3)** where you will enter data about your business for the following areas:



- **General Information**

NOTE: Please be careful in choosing “AGENCY vs. INDEPENDENT”.

Choosing “AGENCY” will require that you have a Federal Employer Identification (FEI) number and 1 or more employees.

- **Principle Contact Information**

- **Notice Contact Information**

- **Mailing Information**

- **Billing /Payment Information**

- **Authorized Signatory and Title**



Helpful Hint: We recommend that you press the ‘SAVE’ button periodically to save your work.

Figure 2-3 (Top)
A typical QV
Application: Vendor
Contact Information
page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: New Applicant, Inc.

QV Application : Vendor Contact Information

Please fill out the following information to begin the Qualified Vendor Application Process. Fields marked with "*" are **REQUIRED**. Failure to complete and sign this information may be cause for rejection. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button.

SAVE SAVE | RETURN

General Information

Vendor Name:* New Applicant, Inc. FEI# or SSN:* 123456789

Executive/Owner First Name:* Executive/Owner Last Name:*

AHCCCS ID:

* Please specify the nature of your organization. (Choosing "Agency" will require you to have an FEI# and 1 or more additional employees.)

☒ Agency ☐ Independent Professional Provider

Principle Contact Information

Contact Name:* Contact Last Name:*

Phone:* () - Fax: () -

Email:

**Figure 2-3
(Middle and
Bottom)**

A typical QV
Application: Vendor
Contact Information
page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Notice Contact Information

Contact Name: Contact Last Name:

Phone: - Fax: -

Email:

Mailing Information

Vendor Street Address:

Address 1:

Address 2:

City:

State: ZIP:

Phone: -

Fax: -

Website: http://

Vendor Mailing Address:

☐ Click here if same as Vendor Street Address

Address 1:

Address 2:

City:

State: ZIP:

Billing/Payment Information

Contact First Name: Contact Last Name:

Phone: -

☐ Click here if address same as Vendor Mailing Address

Address 1:

Address 2:

City:

State: ZIP:

Fax: -

Email:

Authorized Signatory:

First Name: Last Name: Title:

SAVE SAVE | RETURN

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Done Internet

When you complete this page, click on the **“SAVE | RETURN”** button.
You will be taken back to the screen entitled **Qualified Vendor Application** (Refer to Figure 2-2).

SECTION 3. POLICY INFORMATION

This section will focus on your disclosure of information related to **your business' Personnel Recruitment & Training and Quality Management Plan**.



NOTE: Do not click on the "Submit for Review" button until you have completed ALL data entry for **ALL sections**. However, we recommend that you press the 'SAVE' button periodically to save your work.



Helpful Hints:

- All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status.
- Each major text area is limited to 2000 characters maximum.
- There is no 'spell-check' feature in the text areas. It is strongly recommended that you create your responses using a word processing program to not only spell-check your entries, but also to check the character length of each entry. Your answers can then simply be copied and pasted into the appropriate section in the application.
- It is important to respond to each item.

At the screen entitled **Qualified Vendor Application (Refer to Figure 3-1)**, click on the link entitled "**Policy Information**".

You will be taken to a page entitled **Vendor Policies (Refer to Figure 3-2)**.

Figure 3-1
A typical Qualified Vendor Application page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: New Applicant, Inc.

Qualified Vendor Application

Please select one of the options listed below:

- [Contact Information](#)
My company's phone numbers, mailing address, billing address etc.
- [Policy Information](#)
General information about Recruitment & Training and the Quality Management plan.
- [Assurances and Submittals Form](#)
Mandatory survey that must be filled out to be considered for Qualified Vendor status.
- [My Services](#)
View or edit Services my company offers.
- [My Administrative and Service Sites](#)
View or edit Administrative Sites and Service Sites.

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Figure 3-2a
A typical Vendor Policies page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: New Applicant, Inc.

Vendor Policies

All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button. **NOTE: The Division reserves the right to truncate responses for publication in the Directory if responses longer than 1/2 page are submitted.**

Recruitment And Training Policies

Describe briefly the recruitment and initial training plan for direct service staff. Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please include them on the service specific detail form.)

3000 characters left

Describe briefly the ongoing training plan for direct service staff. Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please describe them on the service specific form.)

3000 characters left

Arizona Division of Developmental Disabilities 8/1/15

**Helpful Hints:**

The following is a list of the various parts of this section and some key points to consider when crafting your responses.



Note: Refer to Section 5 – Service Requirements of your Request for Qualified Vendor Application to assist you with your responses.

Recruitment And Training Policies

Describe briefly the recruitment and initial training plan for direct service staff.

- Recruitment plan should include position, qualifications, and how recruitment takes place.
- Initial Training plan should include what training is required and when/where/how the training will be conducted.
- Individual Providers should indicate they are either an Independent Professional Provider or a staffed Agency.

Describe briefly the ongoing training plan for direct service staff.

- Plan should include position, training required, and when/how the training will be conducted.
- Individual Providers should indicate what training they have had, and when/where/how the training was obtained.

Describe briefly the backup plan for direct service staff absences (preplanned and emergency absences).

- Preplanned absences backup plan should include
 - Notification of client and family
 - Rescheduling or alternative staff coverage
- Emergency absences backup plan should include
 - Notification of client and family
 - Rescheduling or alternative staff coverage

Incident Reporting - Internal and External

Who is the person within the vendor's organization for reviewing incident reports?

- Name of individual and should indicate individual's qualifications/position.

Who is the person within the vendor's organization for notifying a consumer's family/representative of incidents?

- Name of individual and should indicate individual's qualifications/position.

Do you have written policies and procedures regarding the reporting of incidents of abuse, neglect and exploitation?

- A "Yes" response is required by Section 5 – Service Requirements in the Request for Qualified Vendor Application.

Are reporting protocols shared with consumers/families/consumer representatives?

- A "Yes" response is required by Section 5 – Service Requirements in the Request for Qualified Vendor Application.

How are incidents of abuse, neglect, exploitation or injury reported internally?

- Should reference existing agency policy and/or reference DES/DDD Administrative Directive 76 (Revised); response may also include the following: acceptance of client includes assessment for potential abuse, neglect, exploitation, or injury and prevention plan; periodic re-assessments.
 1. Access **Main DES/DDD website**: <http://www.de.state.az.us/ddd/>
 2. Click on **Policy & Procedure**: <http://www.de.state.az.us/ddd/reference/policyproc.asp>
 3. Click on **Administrative Directives (WORD Doc)**
 4. Click on **Directive 76 Incident Reporting and the Risk Incident Management System (9/19/03)**
- Should indicate who is responsible for reporting incidents.
- Should indicate who the incident is reported to; i.e., agency administrator, immediate supervisor, etc.
- Should indicate when the incident is reported; i.e., immediately, within 24 hours, etc.
- Should indicate how notification will take place: verbal and/or written (phone, e-mail, fax, mail)
- Verbal notifications followed up with a written report.
- Form to be used: Incident Report DD-191, Agency internal form.
- May indicate what action is taken on the client's behalf immediately and as a follow-up.

How are incidents of abuse, neglect, exploitation or injury reported externally?

- Should reference existing agency policy and/or reference DES/DDD Administrative Directive 76 (Revised); response may also include the following: acceptance of client includes assessment for potential abuse, neglect, exploitation, or injury and prevention plan; periodic re-assessments.
 1. Access **Main DES/DDD website**: <http://www.de.state.az.us/ddd/>
 2. Click on **Policy & Procedure**: <http://www.de.state.az.us/ddd/reference/policyproc.asp>
 3. Click on **Administrative Directives (WORD Doc)**
 4. Click on **Directive 76 Incident Reporting and the Risk Incident Management System (9/19/03)**
- Should indicate who is responsible for reporting incidents.
- Should indicate who the incident is reported to; i.e., DES/DDD support coordinator, protective services, police, and family/guardian.
- Should indicate when the incident is reported; i.e., immediately, within 24 hours, etc.
- Should indicate how notification will take place: verbal and/or written (phone, e-mail, fax, mail)
- Verbal notifications followed up with a written report.
- Form to be used: Incident Report DD-191, Agency internal form.
- May indicate what action is taken on the client's behalf immediately and as a follow-up.

Describe the internal review process for incident reports and how corrective action is implemented.

- Should include who will conduct an investigation; i.e. staff, physician, other individuals.
- Should indicate what outcomes will be determined; i.e. need for performance improvement, continued monitoring, staff training, policy change.
- Should indicate what follow-up treatment/action/preventative action will be implemented.
- Should indicate timeframe for completion of internal reviews.
- Should indicate how the completion of a correction is verified.

Complaint/Grievance Process

Who is the person within the vendor's organization responsible for resolving the complaint/grievance?

- Name of individual and should indicate individual's qualifications/position.

Is there a complaint/grievance form?

- If the agency does not have a form, they should indicate how complaint/grievances are filed or what procedure they are following.
- Should indicate if they are planning to develop a form.

Do you have written policies and procedures regarding the submission of complaints/grievances?

- If the agency does not have a policy, they should indicate what procedure they are following.
- Should indicate if they intend to develop and implement a policy.

Are complaints/grievances shared with consumers/families/consumer representatives?

- Should include an explanation of why or why not.

Who can file a complaint/grievance?

- Should indicate who can complain or grieve.
- Should indicate how the complaint/grievance should be submitted.

What is the complaint/grievance handling timeline?

- Should indicate timeline including review time and response time.

Describe the complaints/grievance process.

- Should indicate who reviews complaints/grievances, what steps are included in the review processes, and what actions may be taken.

Program / Feedback Process

How is input from consumers, families and/or consumer representatives encouraged?

- Should provide an opportunity, at least an annual basis, for a consumer satisfaction survey.
- Should discuss collection of information and feedback from meetings with families, individuals, and groups.
- Should mention suggestion box, comment cards, etc.

Describe the process used to measure consumer/family/consumer representative satisfaction with services.

- Should indicate who reviews formal and informal input/feedback.
- Should explain how formal and informal input/feedback is reviewed.
- Should indicate what follow-up action may be taken.
- Should outline how input is shared and utilized to improve service delivery.
- Should explain how improvement is measured or demonstrated; i.e., fewer complaints about a particular area of service, complements due to a change in service delivery methods, etc.

Describe how are consumers/families/consumer representatives are involved in the hiring and/or evaluation of direct service staff.

- Should indicate if and how consumers/families/consumer representatives are formally involved in hiring of direct service staff; i.e., if a family or consumer referred applicant meet requirements, the vendor may opt to hire them, if family or consumer is part of the interview committee, etc.
- Should indicate if and how consumers/families/consumer representatives are formally involved in evaluation of direct service staff; i.e., if input/feedback about specific staff members is directly solicited from consumers/families/ consumer representatives.
- Should indicate if annual surveys and input/feedback are used in employee evaluations.

Who is feedback forwarded to within the agency?

- Name of individual and should indicate individual's qualifications/position.

Describe how consumers/families/consumer representatives are involved in the evaluation process for the improvement of services.

- Should reiterate responses in Program / Feedback Process questions a through d.

Is past feedback available to consumers/families/consumer representatives when considering a vendor?

- "Yes" or "No" response
- Should indicate if letters of reference and commendation are available to families upon request.
- Should indicate if licensing reports are available for review.
- Should indicate if interested parties are directed to DES/DDD or other governing entities for licensing reports, number and

nature of unusual incidents, and related compliance issues.

Consumer Involvement

Describe all of the other methods used by your organization to provide opportunities for consumers/families/consumer representatives to be actively involved in your organization's operations (i.e., advisory groups, staff recruitment, staff training and development, monitoring, social events, etc.).

- Should list possible consumers/families/consumer representatives involvement similar to the following:
 - Recruit as vendor volunteers
 - Recruit as advisory representatives
 - Involve in planning and participating in events
 - Train to assist in conducting meetings/trainings
 - Use as a resource for recruitment, interviewing, and recommendation of potential staff
 - Utilize feedback in the monitoring process
 - Provide opportunity to ask questions, make presentations, or comment at open agenda meetings
 - Request donations of furniture, appliances, vehicles, etc.

Please indicate if there are any active community advisory groups

- Should name the advisory group and indicate its purpose, frequency of meetings, how participants are recruited and their role.

Internal Quality Efforts

Describe the process used by the vendor to monitor and evaluate the services provided as they relate to the ISP objectives.

- Should tell how monitoring and evaluation is conducted; i.e., staff meetings, review of required staff reports addressing ISP goals and objectives, site visits, evaluations by families, etc.
- Should indicate frequency of monitoring and evaluations.

Describe the overall vendor approach toward the improvement of the quality and appropriateness of services provided.

- Should address method of assessing/re-assessing client needs, how it is determined if goals and objectives have been met, and approach to establishing appropriate services through the ISP.
- Should discuss staff evaluations and implementation processes of new procedures.
- Should address the types and frequency of managerial reports used to track practices and as tools for quality improvement.

When you complete this page, click on the “**SAVE I RETURN**” button.

You will be taken back to the screen entitled **Qualified Vendor Application (Refer to Figure 3-1)**.

Figure 3-2b
A typical Vendor
Policies page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

Describe briefly the backup plan for direct service staff absences (preplanned and emergency absence). Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Incident Reporting

Who is the person within the vendor's organization for reviewing incident reports?

First Name: Last:

Who is the person within the vendor's organization for notifying a consumer's family/representative of incidents?

First Name: Last:

☐ YES ☐ NO Do you have written policies and procedures regarding the reporting of incidents of abuse, neglect and exploitation?

☐ YES ☐ NO Are reporting protocols shared with consumers/families/consumer representatives?

How are incidents of abuse, neglect, exploitation or injury reported internally? Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific detail form.)

2000 characters left

Arizona Division of Developmental Disabilities & MIS

Done Internet

Figure 3-2c
A typical **Vendor Policies** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

How are incidents of abuse, neglect, exploitation or injury reported externally? Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please include them on the service specific detail form.)

2000 characters left

Describe the internal review process for incident reports and how corrective action is implemented. Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please include them on the service specific detail form.)

2000 characters left

Complaint/Grievance Process

Who is the person within the vendor's organization responsible for resolving the complaint/grievance?

First Name: Last:

Arizona Division of Developmental Disabilities & MIS

Done Internet

Figure 3-2d
A typical **Vendor Policies** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

☐ YES ☐ NO Is there a complaint/grievance form?

☐ YES ☐ NO Do you have written policies and procedures regarding the submission of complaints/grievances?

☐ YES ☐ NO Are complaints/grievances shared with consumers/families/consumer representatives?

Who can file a complaint/grievance?

What is the complaint/grievance handling timeline?

Describe the complaints/grievances process. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please describe them on the service specific form.)

2000 characters left

Program Feedback Process

How is input from consumers, families and/or consumer representatives encouraged? Please limit your response to one-half (½) page. (If there are specific plans for certain services, please describe them on the service specific form.)

2000 characters left

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Done Internet

Figure 3-2e
A typical **Vendor Policies** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

Describe the process used to measure consumer/family/consumer representative satisfaction with services. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Describe how consumers/families/consumer representatives are involved in the hiring and/or evaluation of direct service staff. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Who is feedback forwarded to within the agency?

First: Last:

Describe how consumers/families/consumer representatives are involved in the evaluation process for the improvement of services. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

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Done Internet

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

☐ YES ☐ NO Is past feedback available to consumers/families/consumer representatives when considering a vendor?

Consumer Involvement

Describe all of the other methods used by your organization to provide opportunities for consumers/families/consumer representatives to be actively involved in your organization's operations (i.e., advisory groups, staff recruitment, staff training and development, monitoring, social events, etc.). Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Please indicate if there are any active community advisory groups. Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Arizona Division of Developmental Disabilities & MIS

Done Internet

Figure 3-2f
A typical **Vendor Policies** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

Please indicate if there are any active community advisory groups. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Internal Quality Efforts

Describe the process used by the vendor to monitor and evaluate the services provided as they relate to the ISP objectives. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Describe the overall vendor approach toward the improvement of the quality and appropriateness of services provided. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

Arizona Division of Developmental Disabilities & MIS

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Figure 3-2g
A typical **Vendor Policies** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

Internal Quality Efforts

Describe the process used by the vendor to monitor and evaluate the services provided as they relate to the ISP objectives. Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Describe the overall vendor approach toward the improvement of the quality and appropriateness of services provided. Please limit your response to one-half (1/2) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

SAVE SAVE | RETURN

Arizona Division of Developmental Disabilities & MIS

Internet

Figure 3-2h
A typical **Vendor Policies** page.

SECTION 4. ASSURANCES and SUBMITTALS

This section will focus on your disclosure of **additional information related to your business operations and financial status** as well as your **understanding of Arizona and DES/DDD laws, rules and policies**.



NOTE: Do not click on the “Submit for Review” button until you have completed ALL data entry for ALL section. However, we recommend that you press the ‘SAVE’ button periodically to save your work.



Helpful Hints:

- **All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status.**
- **All questions and resulting answers are subject to audit by the DES/DDD.**
- **When this section is printed for your hardcopy, you will be required to sign and date it.**
- **Depending on how you answer certain questions, you may be required to submit additional attachments.**

At the screen entitled **Qualified Vendor Application (Refer to Figure 4-1)** click on the link entitled **“Assurances and Submittal Form”**.

You will be taken to a page entitled **Qualified Vendor Application Assurances and Submittals Form (Refer to Figure 4-2)**.

You will find a listing of 25 questions.

Once you have answered ALL of the 25 questions, click on the **“SAVE I RETURN” button**.

You will be taken back to the screen entitled **Qualified Vendor Application (Refer to Figure 4-1)**.

Figure 4-1
A typical **Qualified Vendor Application** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: New Applicant, Inc.

Qualified Vendor Application

Please select one of the options listed below.

- [Contact Information](#)
My company's phone numbers, mailing address, billing address etc.
- [Policy Information](#)
General information about Recruitment & Training and the Quality Management plan.
- [Assurances and Submittals Form](#)
Mandatory survey that must be filled out to be considered for Qualified Vendor status.
- [My Services](#)
View or edit Services my company offers.
- [My Administrative and Service Sites](#)
View or edit Administrative Sites and Service Sites.

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Done Internet

**Figure 4-2
(Top)**
A typical **Qualified Vendor Application Assurances and Submittals Form** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application](#)

Vendor: New Applicant, Inc.

Qualified Vendor Application Assurances and Submittals Form

All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status.

SAVE SAVE | RETURN

1).	Does the Applicant agree to maintain and comply with all certification(s) and/or registration(s) required by Arizona law, rules, or policy for the provision of each developmental disability service applied for?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2).	Does the Applicant understand that payment will not be made for services delivered prior to the effective date of certification(s) and/or registration(s) required by Arizona law, rules, or policy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3).	Does the Applicant agree to obtain, maintain, and comply with any licenses required by Arizona law, rules, or policy for the provision of a developmental disability service applied for?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4).	Does the Applicant understand that payment will not be made for services delivered prior to the effective date of any license required by Arizona law, rules, or policy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5).	Has the Applicant or any of its directors, officers, owners, or key personnel had a community developmental disability service or similar service license(s), certification(s) and/or registrations revoked, denied or suspended in Arizona or in other states within the past five years? If yes, submit an explanation and current status.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
6).	Has the Applicant or any of its directors, officers, or owners terminated any contracts for cause, had any contracts terminated for cause or been involved in a contract lawsuit related to community developmental disability services or similar services in Arizona or in another state within the past five years? If yes, submit a detailed description of such terminations or lawsuits.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
7).	Are there any suits or judgments pending or entered (within the last five years) against the Applicant or its directors, officers, owners, or key personnel related to the provision of community developmental disability services or similar services in Arizona or in other states? If yes, submit a summary of those suits or judgments and describe actions the Applicant has taken to prevent future suits or judgments.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
8).	Has the Applicant or any of its directors, officers, owners, or managers been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? If yes, submit	<input type="radio"/> Yes	<input checked="" type="radio"/> No

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Done Internet

**Figure 4-2
(Middle)**
A typical **Qualified Vendor
Application
Assurances and
Submittals Form**
page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

information on the person and the conviction.

9).	Has any of the Applicant's key personnel been convicted of a felony within the past 15 years? If yes, submit information on the key personnel and the conviction.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
10).	Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant? If yes, submit an explanation.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
11).	If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation? If yes, submit an organizational chart that demonstrates ownership and/or corporate affiliations.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
12).	Does the Applicant or any of the Applicant's officers or administrative staff have a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for the purchasing, authorizing, monitoring or evaluating of community developmental disability services or vendors? If yes, submit a statement disclosing the conflict or potential conflict of interest.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
13).	Is the Applicant required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure)? If yes, submit a full written disclosure of the proposed payments and amount.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
14).	Has the Applicant, its directors, or its officers been debarred, suspended or otherwise lawfully prohibited from any public procurement activity, or does the Applicant employ, consult, subcontract with or otherwise reimburse for services any person substantially involved in the management of another entity that is now debarred, suspended or otherwise lawfully prohibited from any public procurement activity?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
15).	Is a suspension or debarment currently pending? If yes, submit an explanation.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
16).	Has the Applicant submitted a current State of Arizona Substitute W-9 form (Request for Taxpayer Identification and Certification)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
17).	Does the Applicant certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
18).	All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are submitted with the hardcopy application.	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
19).	The applicable document described below is submitted:	<input type="radio"/> Yes	<input type="radio"/> No	
	(1) A complete audited financial statement			

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**Figure 4-2
(Bottom)**
A typical **Qualified Vendor Application Assurances and Submittals Form** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory logout

	connection with the preparation or submission of the Application?	<input type="radio"/> Yes	<input type="radio"/> No	
18).	All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are submitted with the hardcopy application.	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
19).	The applicable document described below is submitted:	<input type="radio"/> Yes	<input type="radio"/> No	
	(1) A complete audited financial statement			
	(2) For Applicants that do not have an audited financial statement			
	(a) A corporate financial statement; or			
	(b) If a newly formed corporation, the corporate business plan with the personal financial statements of the Director or Chief Executive Officer; or			
	(c) If not a corporation, the personal financial statements of the owners or partners.			
20).	Are there any judgments, tax deficiencies or claims pending or entered against the Applicant that would require disclosure in an audited financial statement? If yes, submit a disclosure statement.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
21).	Is the Applicant submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
22).	If the Applicant is not submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application, does the Applicant certify that it will submit the required Certificates of Insurance prior to accepting a referral or providing a service?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
23).	Has the Applicant declared bankruptcy within the last seven years? If "Yes", please submit a court approved corrective action plan.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
24).	Will the Applicant use a subcontractor(s) to provide services? If "Yes", submit the following information about each subcontractor: subcontractor company name; subcontractor Federal Employer Identification number (FEIN) or Social Security number (SSN); subcontractor contact name; and direct service(s) provided by the subcontractor.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
25).	Is the hardcopy of the Qualified Vendor Application package a true copy of the information submitted in electronic form to the Division website and does it contain all required attachments?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

[Back To Top](#) SAVE SAVE | RETURN

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SECTION 5: MY SERVICES

This section will focus on your disclosure of information related to **the services you wish to offer** under a Qualified Vendor Agreement.



NOTE: Do not click on the “Submit for Review” button until you have completed ALL data entry for ALL sections. However, we recommend that you press the ‘SAVE’ button periodically to save your work.

At the screen entitled **Qualified Vendor Application (Refer to Figure 5-1)**, click on the link entitled “**My Services**”. You will be taken to a page entitled **My Services (Refer to Figure 5-2)**.



NOTE: On that page you will see the notice: **You currently have no Services selected. Please press the ADD/REMOVE button.**

On the My Services page click on the ADD/REMOVE button to be taken to a screen entitled **Select Services (Refer to Figure 5-3)**. You will be able to:

- 1) **ADD** a New Service
- 2) **REMOVE** or delete a listed Service
- 3) **EDIT** a listed Service



Helpful Hints:

- **REVIEW Section 7 - Service Specifications** and general application instructions to guide you in the development of your responses.
 - [Service Specifications link.](#)
 - <http://www.de.state.az.us/ddd/downloads/vender/Section%207%20-%20Service%20Specifications%206-1-04%20vfinal.pdf>
- All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status.
- Responses should reflect knowledge of service specifications and how you conduct business.
- Each major text area is limited to 2000 characters maximum.
- There is no ‘spell-check’ feature in the text areas. It is strongly recommended that you create your responses using a word processing program to not only spell-check your entries, but also to check the character length of each entry.
- If you select any of the Group Home services **you must** also select **Room & Board All Group Homes**.
- On the Select Services page the DES/DDD contract number in the box to the right of the service title is to be left blank.

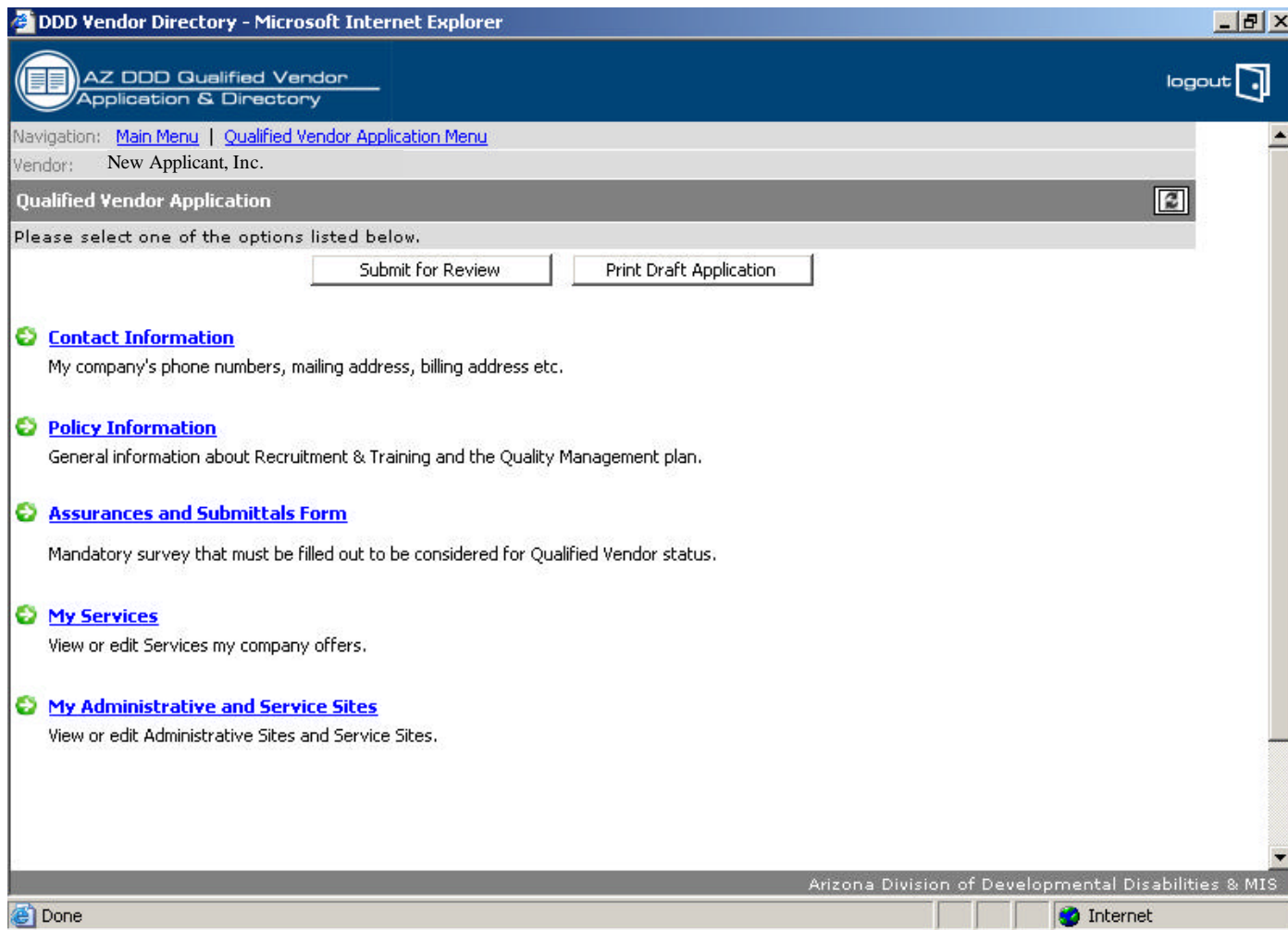


Figure 5-1
A typical **Qualified Vendor Application** page.

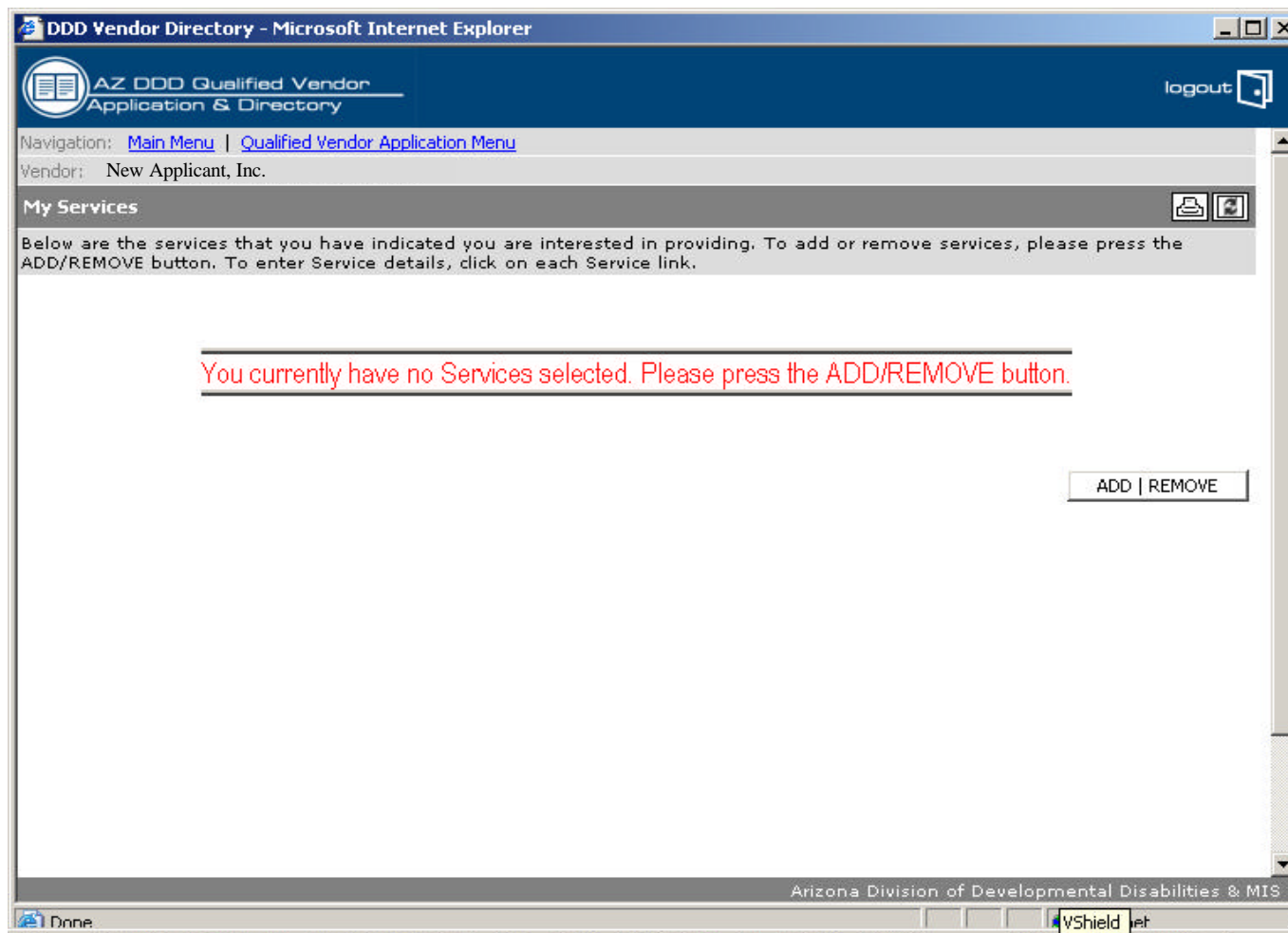


Figure 5-2
A typical **My Services** page.

Figure 5-3
A typical **Select Services** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

Navigation: [Main Menu](#) | [My Services](#)

Vendor: New Applicant, Inc.

Select Services

To be considered for services in the state of Arizona, it is required that you specify which services you are looking to provide. To do so click on the checkbox next to the service that you will be providing. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button.

SAVE SAVE / RETURN

Current contract number (if applicable)

<input type="checkbox"/>	ATTENDANT CARE (ATC)	
<input type="checkbox"/>	DAY TREATMENT & TRAINING - ADULT (DTA)	
<input type="checkbox"/>	DAY TREATMENT & TRAINING - CHILDREN AFTER SCHOOL (DAS)	
<input type="checkbox"/>	DAY TREATMENT & TRAINING - CHILDREN SUMMER PROGRAM (DTS)	
<input type="checkbox"/>	HABILITATION SERVICES - COMMUNITY PROTECTION/TREATMENT GROUP HOME - WITH ROOM & BOARD (HPD)	
<input type="checkbox"/>	HABILITATION SERVICES - COMMUNITY PROTECTION/TREATMENT PROGRAM HOURLY (CPP)	
<input type="checkbox"/>	HABILITATION SERVICES - GROUP HOME - WITH ROOM & BOARD (HAB)	
<input type="checkbox"/>	HABILITATION SERVICES - INDIVIDUALLY DESIGNED LIVING ARRANGEMENT (HAI)	

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Option 1 – ADD a Service

This selection is chosen to add a service to a NEW application or to add a service to an EXISTING agreement by Amendment.

- A full listing of available service titles will be shown.
- Click on any of the titles for the full and current Service Specification. The Service Specification will be presented in a separate window as an Adobe “.pdf” file. Adobe Acrobat Reader is a free downloadable program available at www.adobe.com .



NOTE: For these files, it is strongly recommended that you **print, save or both** and review the information thoroughly as an aid to your data entry process.

Select a Service(s):

- Select a Listed Service by clicking the box to the left of the service title.
- The DES/DDD contract number in the box to the right of the service title **should be left blank**.
- When finished selecting all desired services, click on the SAVE/RETURN button.
This will take you back to the **My Services** page showing a list of the service(s) you have selected.

Providing information on your services:

At the **My Services** page, click on the first service. You will be taken to a **Service Detail Information** page (**Refer to Figure 5-4**) for that service. **REVIEW Section 7 - Service Specifications and general application instructions to guide you in the development of your responses.**

You will be asked to provide detailed and pertinent information on your service covering the following categories:

- **Program Description (required)**
- **Community Access (required)**

Provide the following information ONLY IF different from entries in “SECTION 3. POLICY INFORMATION”:

- **Recruitment and Training Policies**
- **Incident Reporting**
- **Complaint and Grievance Processes**
- **Program Feedback Process**
- **Consumer Involvement**
- [Internal Quality Efforts](#)

The information required will range from checked boxes to detailed text paragraphs in response to the areas and questions presented. When data entry is complete, click on the **SAVE / RETURN** button. This will take you back to the **My Services (Fig. 13)** page showing a list of the service(s) you have selected.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#) | [My Services](#)

Vendor: New Applicant, Inc.

Service Detail Information

To be qualified for this service you must fill out and answer all of these questions to the best of your knowledge. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button. **NOTE: The Division reserves the right to truncate responses for publication in the Directory if responses longer than 1/2 page are submitted.**

SAVE SAVE | RETURN

Service: SPEECH THERAPY TREATMENT & EVALUATION

Program Description

Briefly describe your program for this service from referral through service delivery. Please limit your response to one-half (1/2) page.

2000 characters left

Community Access

When community access is required to meet the ISP, how do you support direct service staff for community access? (Check all that apply)

Arizona Division of Developmental Disabilities & MIS

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Figure 5-4
A typical **Service Detail Information** page.

Option 2 – REMOVE a Service

This selection is chosen to REMOVE or delete a service on a NEW application **prior to final application submission** or to REMOVE or delete a service on an EXISTING agreement by Amendment.

- To **REMOVE or delete** a service, click on the **ADD / REMOVE button** while on the **My Services** page (**Refer to Figure 5-2**). You will then be taken to the **Select Services (Refer to Figure 5-3)** page.
- If you delete a service after entering site information, it is necessary to uncheck this service from any sites PRIOR TO deleting the service.
- UNCHECK the appropriate box on the left of the Service Title.
- When finished, click on the **SAVE / RETURN** button. This will take you back to the **My Services** page (**Refer to Figure 5-2**) showing a list of the remaining service(s) you have selected.

Option 3 – EDIT a Service

This selection is chosen to **EDIT** the details of your service on a 1) a NEW application **prior to** final application submission, 2) resubmitting an application and 3) processing and amendment on your application. **REVIEW Section 7 - [Service Specifications](#) and general application instructions to guide you in the development of your responses.**

- To **EDIT** the details of your service, click on the service name. This will take you to the **Service Detail Information** page for that service.
- **EDIT** the information and when your data entry is complete, click on the **SAVE / RETURN** button. This will take you back to the **My Services** page (**Refer to Figure 5-2**) showing a list of your service(s).

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to the **My Services** page (**Refer to Figure 5-2**) showing a list of the service(s) you have selected.

Use the Navigation Bar at the top of the page to be taken to the **Qualified Vendor Application** page (**Refer to Figure 5-1**).

SECTION 6. MY ADMINISTRATIVE and SERVICE SITES

This section will focus on **adding, editing or deleting** information related to **where you will be administering your business** under a Qualified Vendor Agreement.



NOTE: Do not click on the “Submit for Review” button until you have completed ALL data entry for ALL section. However, we recommend that you press the ‘SAVE’ button periodically to save your work.



Helpful Hints:

- All areas must be answered fully and honestly in order to be considered for Qualified Vendor Status.
- The item marked with a **RED ASTERISK** are **REQUIRED ENTRIES**.
- There is no ‘spell-check’ feature in any text areas. It is strongly recommended that you create your responses using a word processing to not only spell-check your entries, but also to check the character length of each entry.
- Only the following services need a **SPECIFIC SERVICE SITE**:
 - Day Treatment and Training – Adult (DTA)
 - Day Treatment and Training - Children (DTT)
 - Day Treatment and Training – Children Summer Program (DTS)
 - Habilitation Services – Group Home – With Room and Board (HAB)
 - Habilitation Services – Individually Designed Living Arrangement (HAI)
 - Habilitation Services – Medical Group Home - With Room and Board (HAN)
 - Habilitation Services – Adult Developmental Home (HBA)
 - Habilitation Services - Child Developmental Home (HBC)
 - Habilitation Services – Community Protection/Treatment Group Home - With Room and Board (HPD)

ADMINISTRATIVE SITES

Option 1 - Add a New Administrative Site

At the screen entitled **Qualified Vendor Application** (Refer to Figure 6-1), click on the link "**My Administrative and Service Sites**".

You will then be taken to a page entitled **My Administrative Sites** (Refer to Figure 6-2).

On the My Administrative Sites page click on the "**Add New Site**" link and you will be taken to a page entitled **Administrative Site Information** (Refer to Figure 6-3).



NOTE: Enter all necessary information about the Administrative Site, contact and hours of operation. All areas must be answered fully and honestly in order to be considered for Qualified Vendor Status. Be sure to select the service(s) to be provided at each Administrative Site.

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to the **My Administrative Sites** page (Refer to Figure 6-2) showing a list of the service(s) you have selected.

Use the Navigation Bar at the top of the page to be taken to the **Administrative Site Information** page (Refer to Figure 6-3). On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

Option 2 - To Edit an Existing Administrative Site

At the screen entitled **Qualified Vendor Application** (Refer to Figure 6-1), click on the link "**My Administrative and Service Sites**".

You will then be taken to a page entitled **My Administrative Sites** (Refer to Figure 6-2). On that page click on the link associated with the site you want to edit. You will be taken to a page entitled **Administrative Site Information** (Refer to Figure 6-3) where you can edit the site information.

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to the **My Administrative Sites** page (Refer to Figure 6-2) showing a list of the service(s) you have selected.

Use the Navigation Bar at the top of the page to be taken to the **Administrative Site Information** page (Refer to Figure 6-3). On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

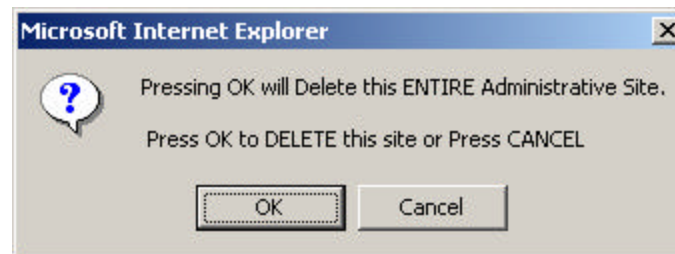
Option 3 - To Delete an Existing Administrative Site



NOTE: PRIOR TO deleting an Administrative Site be sure to remove all Service Sites FIRST.

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1)**, click on the link entitled **“My Administrative and Service Sites”**. You will be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**. On that page click on the **“Delete”** link associated with the site you want to delete.

You will be given a pop-up note that reads:



Press OK and you will be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**.

On the top of this page, click on the link entitled **“Qualified Vendor Application Menu”** to be taken back to the main application menu.



SERVICE SITES

Helpful Hints: ONLY the following services need a SPECIFIC SERVICE SITE:

Day Treatment and Training – Adult (DTA)

Habilitation Services – Individually Designed Living Arrangement (HAI)

Day Treatment and Training - Children (DTT)

Habilitation Services – Medical Group Home - With Room and Board (HAN)

Day Treatment and Training – Children Summer Program (DTS)

Habilitation Services – Group Home – With Room and Board (HAB)

Habilitation Services – Community Protection/Treatment Group Home - With Room and Board (HPD)

Habilitation Services – Adult Developmental Home (HBA)

Habilitation Services - Child Developmental Home (HBC)

Option 1 - Add a New Service Site

At the screen entitled **Qualified Vendor Application** (Refer to Figure 6-1), click on the link **“My Administrative and Service Sites”**.

You will then be taken to a page entitled **My Administrative Sites** (Refer to Figure 6-2).

On the My Administrative Sites page click on any **SERVICE SITE** that is **underlined and hi-lighted in blue**. These links are for ONLY those services listed above. You will be taken to a page entitled **THE NAME OF THE SELECTED SERVICE** (Refer to Figure 6-??). Click on the link entitled **“Add New Site”**. You will be taken to page where you will enter data pertaining to the site.



NOTE: Enter all necessary information about the **Service Site, contact and hours of operation**. All areas must be answered fully and honestly in order to be considered for Qualified Vendor Status. Be sure to select the service(s) to be provided at each Administrative Site.

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to a page listing your new Service Site for that service. (Refer to Figure 6-??) showing a list of the Service Sites you have added. **YOU WILL NEED TO ADD A SERVICE SITE FOR EACH AND EVERY SERVICE underlined and hi-lighted in blue.**

Use the Navigation Bar at the top of the page to be taken to the **My Sites** page (Refer to Figure 6-??). On the top of this page, click on the link entitled **“Qualified Vendor Application Menu”** to be taken back to the main application menu.

Option 2 - To Edit an Existing Service Site

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1)**, click on the link **“My Administrative and Service Sites”**.

You will then be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**. On that page click on the link **underlined and hi-lighted in blue** associated with the SERVICE you want to edit. You will be taken to a page entitled **THE NAME OF THE SELECTED SERVICE (Refer to Figure 6-??)** where you can then select the Service Site(s) you wish to edit.

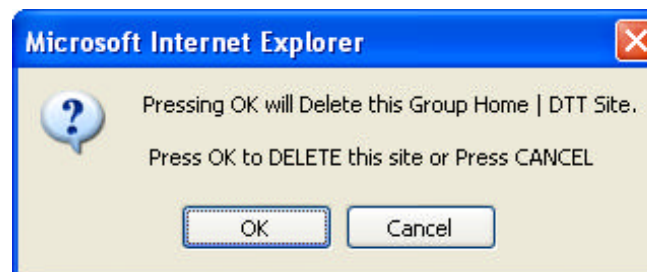
When data entry is complete, click on the **SAVE I RETURN** button. You will be taken to a page entitled **THE NAME OF THE SELECTED SERVICE (Refer to Figure 6-??)** that will list all the Service Sites associated with your selected service.

Use the Navigation Bar at the top of the page to be taken to the **My Sites** page (Refer to Figure 6-??). On the top of this page, click on the link entitled **“Qualified Vendor Application Menu”** to be taken back to the main application menu.

Option 3 - To Delete an Existing Service Site

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1)**, click on the link entitled **“My Administrative and Service Sites”**. You will be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**. On that page click on the **“SERVICE”** link you want to delete. You will then be taken to a page entitled **THE NAME OF THE SELECTED SERVICE (Refer to Figure 6-??)** that will display all Service Sites providing the selected service. Click on the **“Delete”** link of the Service Site that you wish to delete.

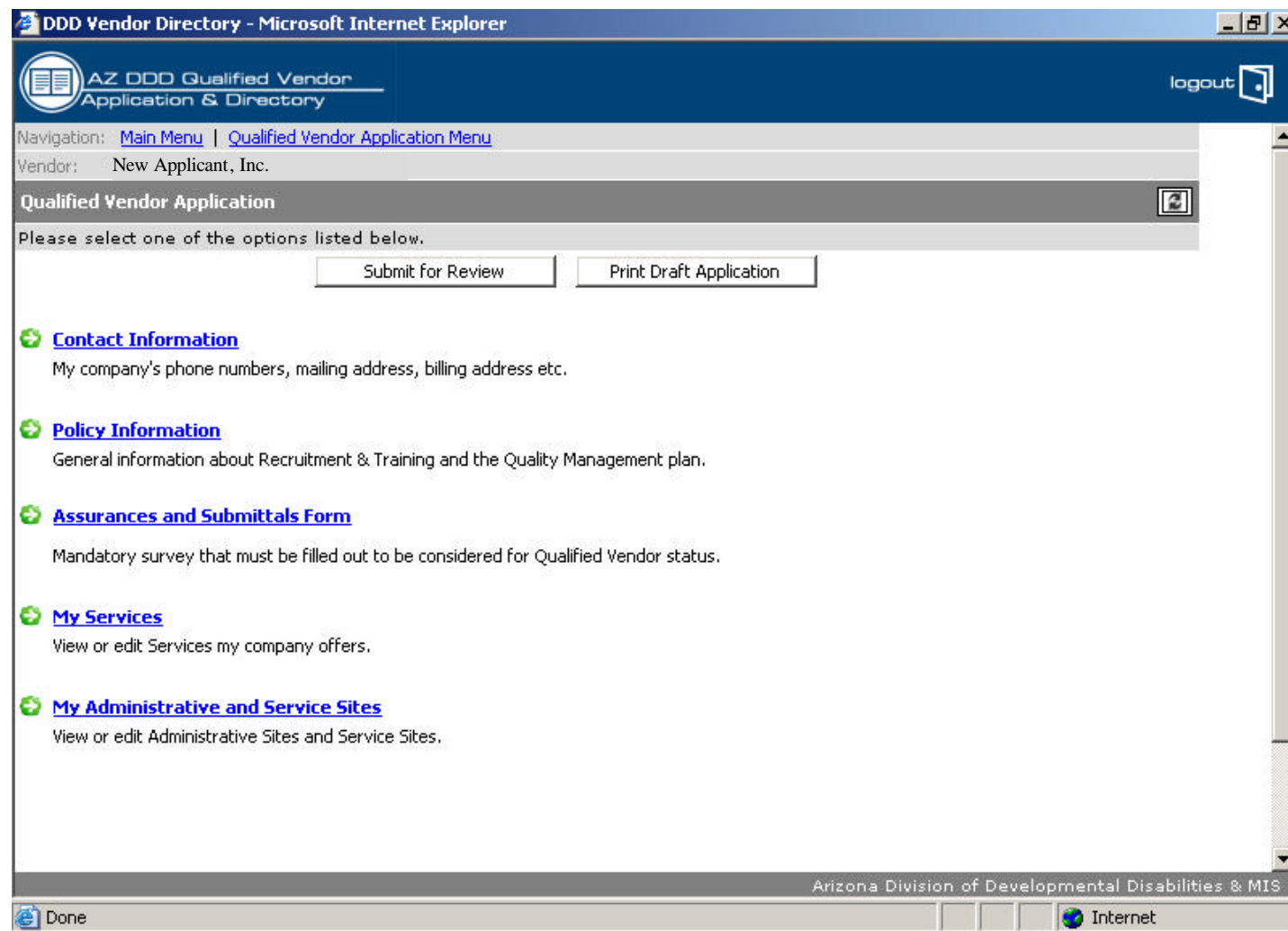
You will be given a pop-up note that reads:



Press OK and you will see the remaining sites associated with the selected service

On the top of this page, click on the link entitled **“Qualified Vendor Application Menu”** to be taken back to the main application menu.

Figure 6-1
A typical **Qualified Vendor Application** page.



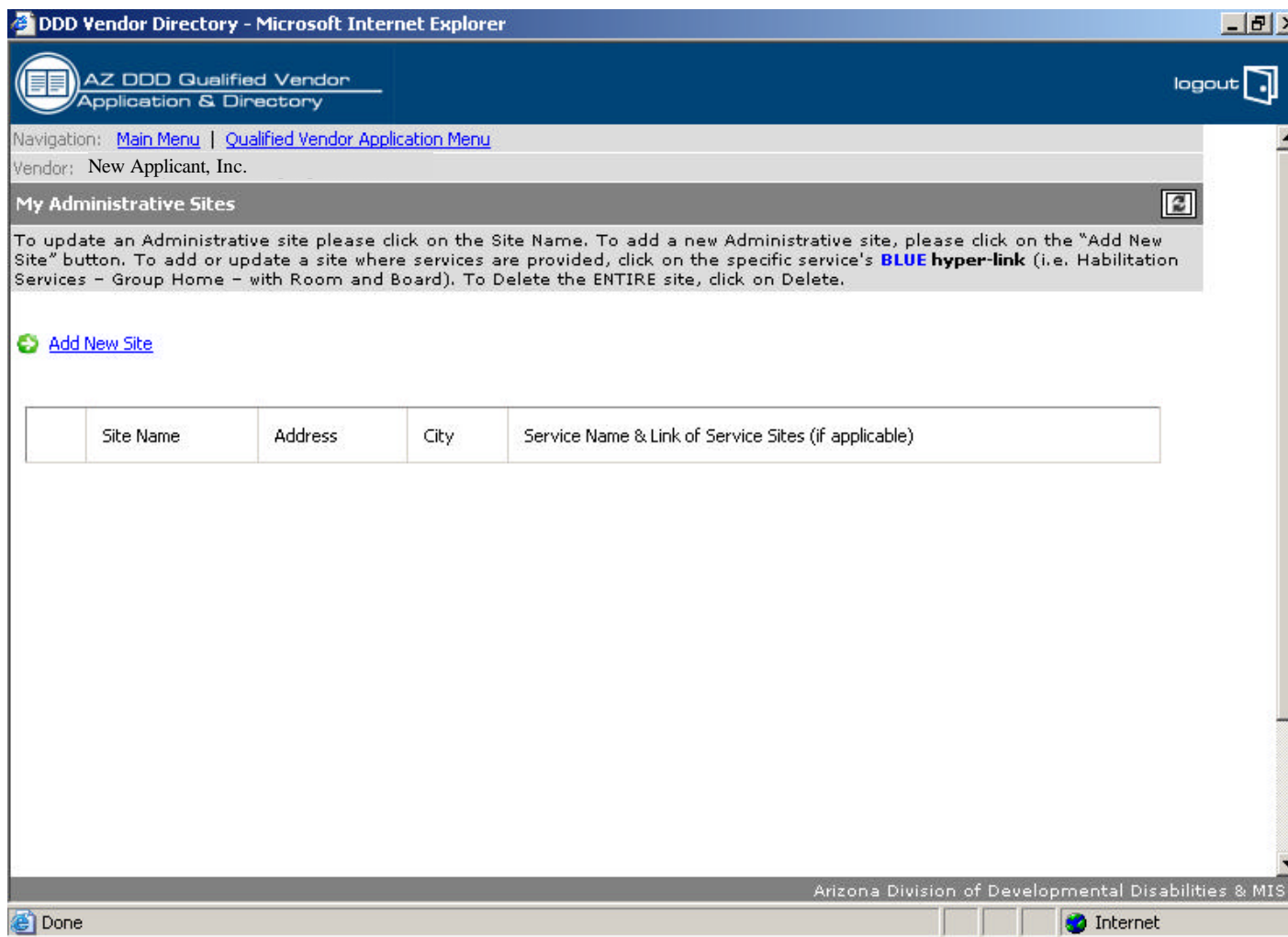


Figure 6-2
A typical **My Administrative Sites** page.

**Figure 6-3
(Top)**
A typical
**Administrative
Site Information**
page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

Navigation: [Main Menu](#) | [My Sites](#)

Vendor: New Applicant, Inc.

Administrative Site Information

Please complete the following information. Fields marked with "*" are **REQUIRED**. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button.

SAVE SAVE | RETURN

Site Name*

District Code*

Address 1* (feature not available)

Address 2:

City* State* ZIP*

Phone* () -

Primary Contact Name* First: Last:

Phone* () -

Email:

Site Scheduler Name* First: Last:

Phone*

Arizona Division of Developmental Disabilities & MIS

Internet

**Figure 6-3
(Bottom)**
A typical
**Administrative
Site Information**
page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

Site Scheduler Name: First: Last:

Phone:* () -

Fax:* () -

Email:

After Hours Contact:* First: Last:

Phone:* () - Fax: () -

Email:

Scheduling/Contact Hours:

Sunday			to		
Monday			to		
Tuesday			to		
Wednesday			to		
Thursday			to		
Friday			to		
Saturday			to		

Services at this Site:

<input type="checkbox"/>	DAY TREATMENT & TRAINING - ADULT (DTA)
<input type="checkbox"/>	SPEECH THERAPY TREATMENT & EVALUATION (SPT)

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Internet

Figure 6-4
A typical
Administrative
Site requiring
Service Sites.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: New Applicant, Inc

My Administrative Sites

To update an Administrative site please click on the Site Name. To add a new Administrative site, please click on the "Add New Site" button. To add or update a site where services are provided, click on the specific service's **BLUE hyper-link** (i.e. Habilitation Services - Group Home - with Room and Board). To Delete the ENTIRE site, click on Delete.

[Add New Site](#)

	Site Name	Address	City	Service Name & Link of Service Sites (if applicable)
Delete	Admin Site	1234 W. 5th St	Phoenix	ATTENDANT CARE
				DAY TREATMENT & TRAINING - ADULT
				HABILITATION SERVICES - GROUP HOME - WITH ROOM & BOARD
				HABILITATION SERVICES - INDIVIDUALLY DESIGNED LIVING ARRANGEMENT
				HABILITATION SERVICES - NURSING SUPPORTED GROUP HOME - WITH ROOM & BOARD
				HABILITATION SERVICES - SUPPORTED DEVELOPMENTAL HOME (ADULT & FOSTER CARE CHILD) - WITH ROOM & BOARD

Arizona Division of Developmental Disabilities & MIS

Internet

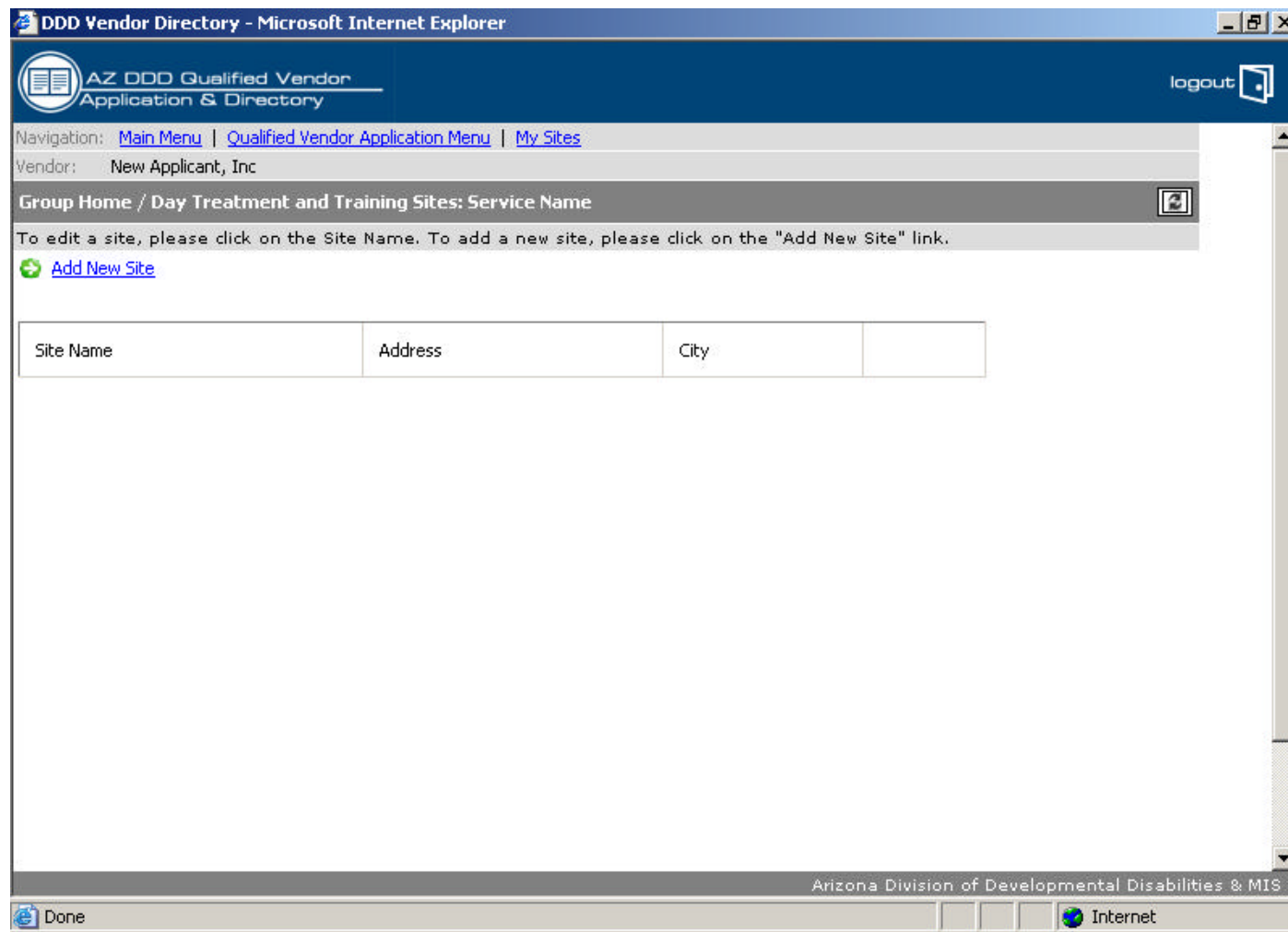


Figure 6-5
A typical **My Service Sites** page.

**Figure 6-6
(Top)**
A typical **Service
Site Information**
page.

The screenshot shows a web browser window titled "DDD Vendor Directory - Microsoft Internet Explorer". The page header includes the "AZ DDD Qualified Vendor Application & Directory" logo and a "logout" link. A navigation bar contains links for "Main Menu", "Qualified Vendor Application Menu", "My Sites", and "Service Sites". Below this, the "Vendor:" field is set to "New Applicant, Inc".

The main heading is "Group Home / Day Treatment and Training Site Information". A message states: "Please complete the following information. Fields marked with '*' are **REQUIRED**. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button." Two buttons, "SAVE" and "SAVE | RETURN", are located at the top right of the form area.

The form fields are as follows:

- Site Name***: A text input field.
- District Code***: A dropdown menu showing "DISTRICT 1" and an "Alpha Code" text input field.
- Address 1***: A text input field.
- Address 2**: A text input field.
- City***: A text input field followed by a comma and the state "AZ".
- ZIP***: A text input field.
- Phone***: A text input field with a format of () - .
- Primary Contact Name***: Split into "First:" and "Last:" text input fields.
- Phone***: A text input field with a format of () - .
- Email**: A text input field.
- Site Scheduler Name***: Split into "First:" and "Last:" text input fields.
- Phone***: A text input field with a format of () - .

The footer of the page reads "Arizona Division of Developmental Disabilities & MIS". The browser's status bar shows "Done" and "Internet".

**Figure 6-6
(Bottom)**
A typical **Service
Site Information**
page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor
Application & Directory

logout

Phone:* () -
Fax:* () -
Email:

After Hours Contact:* First: Last:
Phone:* () - Fax: () -
Email:

Scheduling/Contact Hours:

Sunday	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>

Maximum Capacity:
Current Occupancy:
New Referrals? ☐ Yes ☒ No

SAVE SAVE | RETURN

Arizona Division of Developmental Disabilities & MIS

Done Internet

SECTION 7. PRINT DRAFT APPLICATION

This section will focus on your **printing and proofing your entered data PRIOR TO SUBMISSION** of a Qualified Vendor Agreement.



NOTE: Take the time to REVIEW and MAKE ANY NECESSARY EDITS and CORRECTIONS before you submit your application.

AT the TOP of the **Qualified Vendor Application Menu (Refer to Figure 7-1)** screen click on the button entitled "**Print Draft Application**".

You will be taken to a screen entitled **Print Draft(s) (Refer to Figure 7-2). PLEASE REMEMBER THIS IS ONLY A DRAFT AND NOT YOUR FINAL SUBMITTABLE APPLICATION.**

You will be given the following print option links :

- **Print All Entered Data** ₁
- **Assurances & Submittals Form** ₂
- **Vendor Contract Information** ₂
- **Vendor Policies** ₂
- **List of Services Offered** ₂
- **Service Detail Information** ₂
- **Administrative Sites** ₂
- **Service Sites** ₂

₁ The **Print All Entered Data** link generates **all** of the data you have entered so far into "HTML" format.



₂ All of the other links contain information just for that particular section in Adobe Acrobat "PDF" format.

NOTE: You will need ADOBE ACROBAT READER in order to view and print these files. Adobe Acrobat Reader is a free downloadable program available at www.adobe.com .

You may reenter any section to REVIEW and MAKE ANY NECESSARY EDITS and CORRECTIONS by simply clicking on the link at the top of the page entitled **Qualified Vendor Application Menu (Refer to Figure 7-1)** to be taken back to the main application menu. There you can select the section(s) you wish to make you corrections. When data entry is complete, click on the **SAVE | RETURN** button.

Figure 7-1
A typical **Qualified Vendor Application** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: New Applicant, Inc.

Qualified Vendor Application

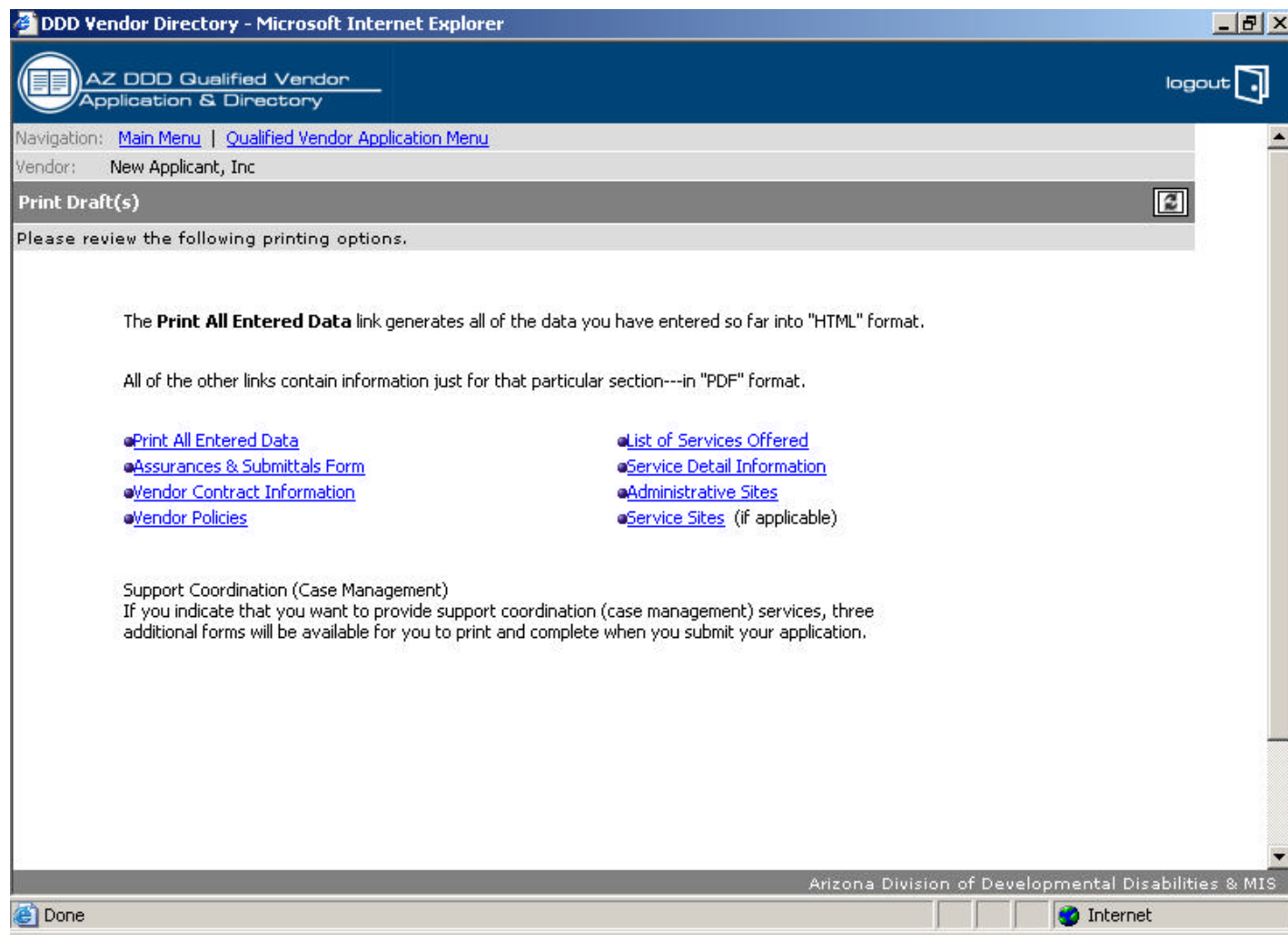
Please select one of the options listed below.

- [Contact Information](#)
My company's phone numbers, mailing address, billing address etc.
- [Policy Information](#)
General information about Recruitment & Training and the Quality Management plan.
- [Assurances and Submittals Form](#)
Mandatory survey that must be filled out to be considered for Qualified Vendor status.
- [My Services](#)
View or edit Services my company offers.
- [My Administrative and Service Sites](#)
View or edit Administrative Sites and Service Sites.

Arizona Division of Developmental Disabilities & MIS

Done Internet

Figure 7-2
A typical **Print Draft (s)** page.



SECTION 8. SUBMIT FOR REVIEW – Online and Mail

This section will cover your **SUBMISSION of a Qualified Vendor Agreement.**



NOTE: Take the time to REVIEW and MAKE ANY NECESSARY EDITS and CORRECTIONS before you submit your application.

AT the TOP of the **Qualified Vendor Application Menu (Refer to Figure 8-1)** screen click on the button entitled “**Submit for Review**”. You will be taken to a screen entitled Qualified Vendor Application. If your application is incomplete, the system will list the missing data (**Refer to Figure 8-2**).

On this screen you will see any and all areas that are yet incomplete on your application. There will be specific section(s) with links to go back into that section(s) allowing you to complete the section. Also listed will be the specific areas of the section that need further input to be considered complete.

Once you complete ALL REQUIRED DATA ENTRY, you will then be allowed to submit your application. At this point, when you click on the submit for review button, the screen will state: “all required fields on your application are complete” (**Refer to Figure 8-3**).



NOTE: If you **DO NOT** wish to submit your application yet, click on the MAIN MENU link at the top of the screen. This will take you back to the **Qualified Vendor Application** screen (**Refer to Figure 8-1**).

If you **DO** wish to submit your application, you must click on the SUBMIT button at the bottom of the page (**Refer to Figure 8-3**). You will be taken to the Application Submit page (**Refer to Figure 8-4**).



NOTE: Once the SUBMIT button has been pressed, you will **NO LONGER** be able to log into your application to edit any of the data in your application. You will receive a screen congratulating you on your on-line application submission and will provide you the DATE and TIME of your submission.

You will be given the following print option links :

- **Assurances & Submittals Form ₁**
- **Vendor Contract Information**
- **Vendor Policies**
- **List of Services Offered**
- **Service Detail Information**
- **Administrative Sites**
- **Service Sites**

₁ This link will not be available until you have clicked on all the other print links.

All of the links contain information just for that particular section in Adobe Acrobat "PDF" format.

NOTE: You will need ADOBE ACROBAT READER in order to view and print these files. Adobe Acrobat Reader is a free downloadable program available at www.adobe.com.

NOTE: If you selected Case Management as one of your services, you will be required to print, fill out, and submit three additional forms (Refer to Figure 8-5):

- J-119 Data Sharing Request Agreement
- J-125 Request for Terminal Access and Other Activities
- J-129 User Affirmation Statement

As covered in the Introduction, the completed agreement will consist of the following key elements and it is important that applicants know and understand ALL of the following:

- A completed on-line application.
- All nine Sections of the Request for Qualified Vendor Application (RFQVA).
- All responses provided by the Applicant Vendor.
- All additional hardcopy materials as per the Submittal Checklist such as:
 - Financial Information
 - [Arizona Substitute W-9 Form](#)

All hardcopy materials are to be mailed to: **DES/DDD – Contracts Unit 791A**
P. O. Box 6123
1789 W. Jefferson
Phoenix, AZ 85007-6123

In the Introduction a Submittal Checklist was mentioned. Use this checklist to ensure that all necessary documents are completed, printed and signed with ORIGINAL signatures before mailing to our Central Office for processing.

When DES/DDD receives and logs your hardcopy materials, your application and all associated hardcopy materials will then be reviewed within approximately 60 days.

Figure 8-1
A typical **Qualified Vendor Application** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: New Applicant, Inc.

Qualified Vendor Application

Please select one of the options listed below.

- [Contact Information](#)
My company's phone numbers, mailing address, billing address etc.
- [Policy Information](#)
General information about Recruitment & Training and the Quality Management plan.
- [Assurances and Submittals Form](#)
Mandatory survey that must be filled out to be considered for Qualified Vendor status.
- [My Services](#)
View or edit Services my company offers.
- [My Administrative and Service Sites](#)
View or edit Administrative Sites and Service Sites.

Arizona Division of Developmental Disabilities & MIS

Done Internet

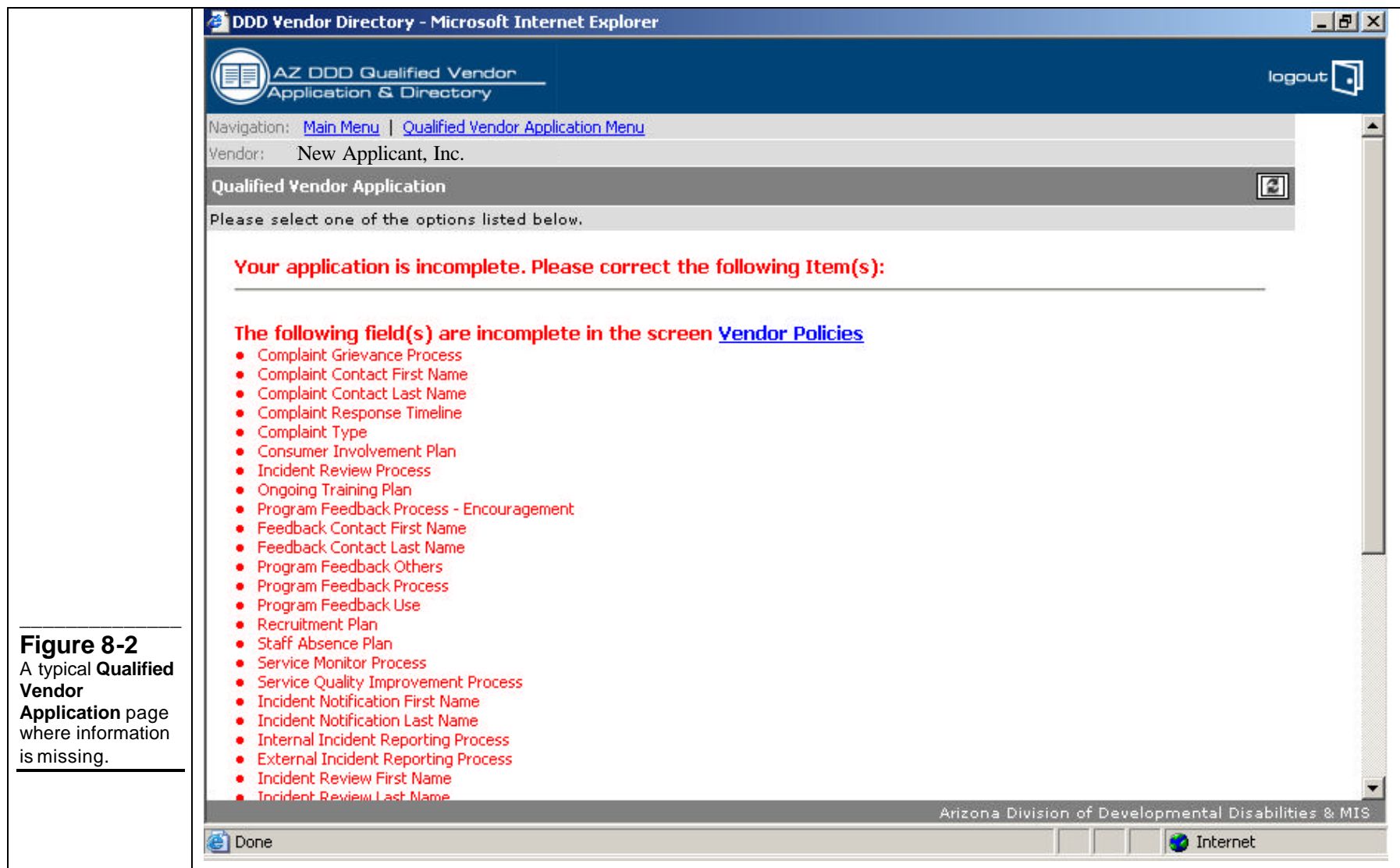


Figure 8-2
A typical **Qualified Vendor Application** page where information is missing.

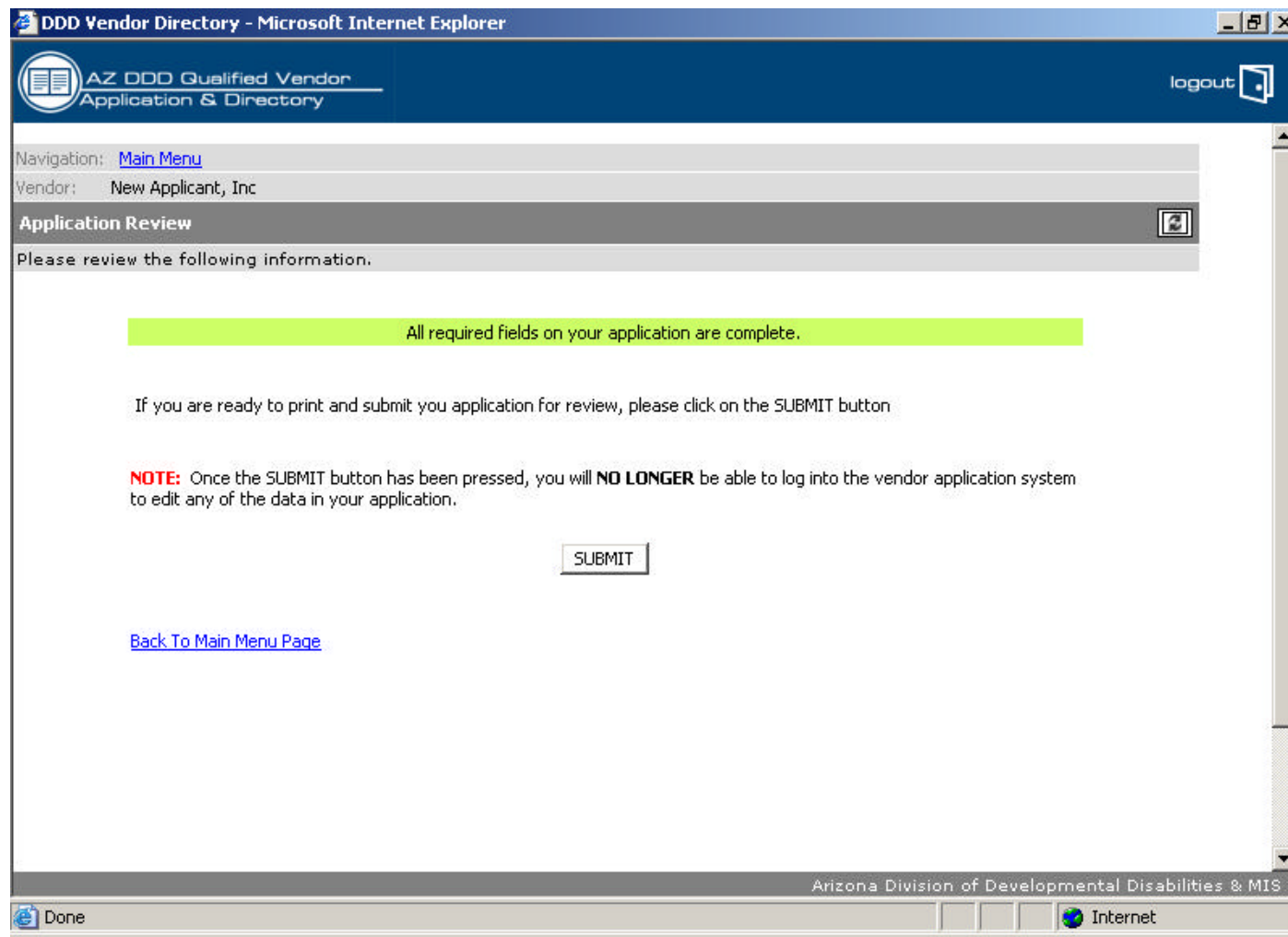


Figure 8-3
A typical **Qualified Vendor Application** page where all required information has been entered.

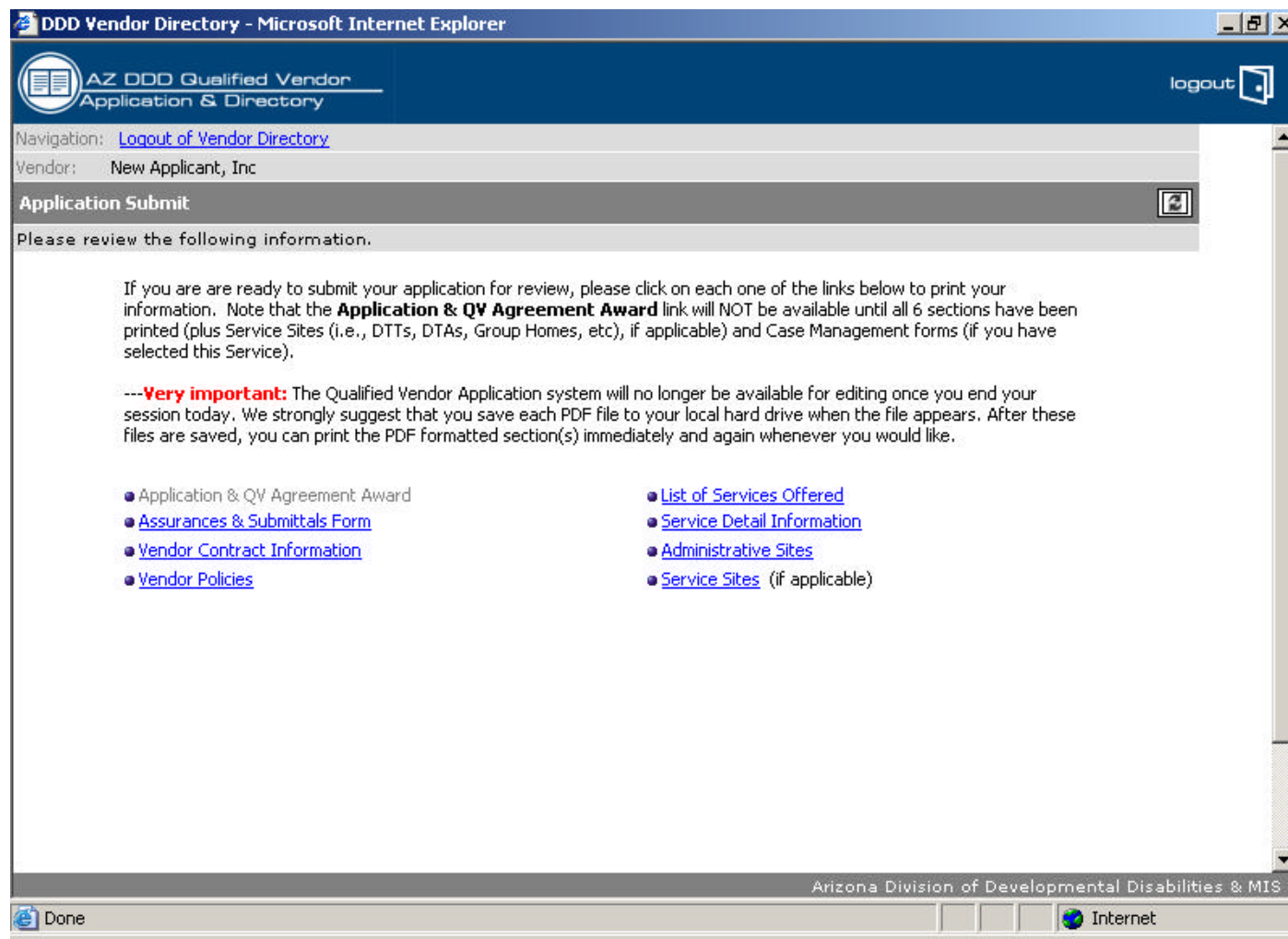


Figure 8-4

A typical
Application Submit
page (standard).

Figure 8-5
A typical
Application Submit
page (with Support
Coordination
forms).

